



## Lakes Region Community College

- I acknowledge that I have met with my faculty advisor and I am registered for only courses that are required for my program.
- I agree that if I withdraw from my classes or leave LRCC, for any reason, I will **notify IN WRITING OR EMAIL** the LRCC Certifying Official in the Registrar's Office. (this includes graduation)
- I agree to promptly notify **IN WRITING OR EMAIL** the LRCC Certifying Official of **ANY and ALL** changes which occur in the information furnished in this form.
- I understand LRCC policy on satisfactory progress and LRCC procedures for adding, dropping and withdrawal from school. I agree that it is my responsibility to comply with these policies and procedures.
- I accept personal liability for any overpayment made to me by the VA which results from my failure to comply with LRCC policies and procedures, or VA regulations, and agree to refund such overpayment promptly to the VA or LRCC.

**I authorize the information furnished on this form to be released to the VA, National Guard, or funding agency. I authorize LRCC to submit to the VA, any changes that may occur which affect my benefit payments and to share academic information as requested by the VA on my behalf. I further agree that LRCC may share my information with the VA, National Guard, or funding agency to include: Social Security number, address, grades, academic information and rate of academic progress. I understand if I do not want to be certified, I must notify the Registrar's Office. By signing this document I have read, understand, and agree to the terms.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have questions, please feel free to visit our office, call or email. We will be happy to assist you.

We look forward to serving you.

Laura M. LeMien  
603-366-5221  
[llemien@ccsnh.edu](mailto:llemien@ccsnh.edu)

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