



# Park City Independent

## CREDIT RECOVERY GUARDIAN LIABILITY FORM

**Park City Independent: Admissions**  
8860 E. Chaparral Road, Suite 100  
Scottsdale, AZ 85250  
Phone: 888-866-4989  
Fax: 866-436-0244  
Email: [admissions@edgenuity.com](mailto:admissions@edgenuity.com)  
[www.parkcityindependent.com](http://www.parkcityindependent.com)

I \_\_\_\_\_ (student or guardian if student is under 18) understand that the CR (credit recovery) course(s) may or may not be accepted by my school. I am taking full responsibility for this and wish to continue with this course/these courses.

I understand the transcript will state CR.

I understand that if the school decides NOT to accept the course that I the student/guardian will not be issued a refund for the course or be able to swap the course out.

<b>Student Information</b>			
Student Name	Phone	Email Address	
Address	City	State	Zip

<b>Guardian Information (if student is under 18)</b>			
Guardian Name	Phone	Email Address	
Address	City	State	Zip

\_\_\_\_\_  
Student or Guardian Signature

\_\_\_\_\_  
Date

**Return this form via the submit button below  
(or by email to [admissions@edgenuity.com](mailto:admissions@edgenuity.com))  
or by fax to 866-436-0244.**