



## Workforce Education Enrollment Application

Emergency Services Telecommunicator

\_\_\_\_\_  
Today's Date                      Program                      Start Date                      End Date

\_\_\_\_\_  
Last Name                      First Name                      M. I.                      Birth Date                      Age

\_\_\_\_\_  
Mailing Address                      City                      ST                      Zip

\_\_\_\_\_  
Home Phone                      Cell Phone                      Email

\_\_\_\_\_  
Social Security Number                      Male/Female                      Make of Vehicle                      Plate Number

Have you taken any classes previously at Auburn? If so, what classes?  
\_\_\_\_\_

Have you completed an OSHA 10-hour safety course? \_\_\_\_\_

Do you have a current CPR/First Aid credential? \_\_\_\_\_

**\*\*\*\*\* EMERGENCY INFORMATION \*\*\*\*\***

Person to notify in emergency:

\_\_\_\_\_  
Name                      Phone Number                      Relationship

\_\_\_\_\_  
Physician's Name                      Phone Number

Please list any medications and/or illnesses or conditions that could negatively impact your progress while attending Auburn Career Center:  
\_\_\_\_\_

**\*\*\*\*\* NOTICE OF ACADEMIC AND FINANCIAL RESPONSIBILITY \*\*\*\*\***

As a student of Auburn Career Center, I understand that I must maintain "Satisfactory Progress" (90% or better attendance and successful completion of all components of the program of training) to receive a certificate/ portfolio. I also understand that as a student enrolled in this program that I am responsible for all tuition and fees incurred regardless of my completion status.

\_\_\_\_\_  
Student Signature                      Date

## DEMOGRAPHIC INFORMATION

The following information is optional, but is requested to assist Auburn Career Center in providing demographic and marketing data to improve our customer service.

**How did you learn about the program: (Mark all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Friend or relative    | <input type="checkbox"/> Employer                               |
| <input type="checkbox"/> Television ad         | <input type="checkbox"/> Brochure or catalog in mail            |
| <input type="checkbox"/> High school counselor | <input type="checkbox"/> Billboard                              |
| <input type="checkbox"/> Newspaper ad          | <input type="checkbox"/> Magazine advertisement                 |
| <input type="checkbox"/> Auburn Staff member   | <input type="checkbox"/> Current Auburn student                 |
| <input type="checkbox"/> Auburn website        | <input type="checkbox"/> Social media (Facebook, Twitter, etc.) |
| <input type="checkbox"/> Other _____           |   |

Are you currently employed? \_\_\_\_\_

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Job Title/Position

\_\_\_\_\_  
Employer Phone

**Ethnicity Information (please check one)**

- |   |   |
|---|---|
| <input type="checkbox"/> Caucasian        | <input type="checkbox"/> African American/Black |
| <input type="checkbox"/> Native American  | <input type="checkbox"/> Asian                  |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Multiracial            |
| <input type="checkbox"/> Hispanic         | <input type="checkbox"/> Other _____            |

**Please indicate the highest level of education completed:**

- |   |                                      |              |
|---|--------------------------------------|--------------|
| <input type="checkbox"/> High school graduate     | Graduation Year _____                | School _____ |
| <input type="checkbox"/> GED                      | <input type="checkbox"/> Other _____ |              |
| <input type="checkbox"/> Some College (no degree) | Major _____                          | School _____ |
| <input type="checkbox"/> Associate Degree         | Major _____                          | School _____ |
| <input type="checkbox"/> Bachelor's Degree        | Major _____                          | School _____ |

# FERPA RELEASE FORM

## Student Information

Name: \_\_\_\_\_ Soc. Sec. #\*: \_\_\_\_\_  
Last First Middle Initial

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I give permission to Auburn Career Center to release selected information to the recipient(s) listed for the purpose of (please check one):  To aid in making present and future educational decisions.

Other (please specify): \_\_\_\_\_

### Types of Information to Release

- All Records
- Accounting Includes tuition and fee balances, mailing and billing addresses, payment plans, accounting statements and collections and debt information.
- Admission Includes dates of application, program selected, documents received, documents pending, dates of Admission, admission status and conditions of admission.
- Registration Includes current enrollment, dates of enrollment activity, enrollment status, courses/modules attended, and mailing address information.
- Academic Records Includes courses taken, grades received, GPA, academic progress, attendance, and certifications awarded.
- Financial Aid Includes all general financial aid information.

Check One:  Release To  Cancel Releasee: \_\_\_\_\_ Relationship: \_\_\_\_\_

Release To  Cancel \_\_\_\_\_

Release To  Cancel Ohio Department of Job & Family Services State Reporting Agency  
145 South Front St, Columbus, OH 43215

Release To  Cancel Ohio Department of Higher Education State Reporting Agency  
25 S. Front Street, Columbus, OH 43266

## Authorization

\_\_\_\_\_  
Signature of Student/Parent or Guardian\*\*

\_\_\_\_\_  
Date

\*Use of Social Security Number is optional. If you choose to provide your Social Security Number, it will be used to maintain your file and assure prompt and accurate reporting.

\*\*Students under the age of 18 must have this consent form signed by the student's parent or guardian.

## GENERAL INFORMATION

The Family Educational Rights and Privacy Act (FERPA) deals specifically with the education records of students, affording parents/students certain rights with respect to those records. For purposes of definition, “education records” are generally those records that:

- 1) Contain information directly related to a student; and
- 2) Are maintained by an educational agency or institution or a party acting for the agency or institution.

FERPA applies to all educational agencies and institutions that receive funding under most programs administered by the Secretary of Education (34 C.F.R. 99.1).

FERPA gives parents of students the right to inspect and review their children’s education records. Furthermore, parents have other rights including the right to request amendment of records, and to have some control over the disclosure of personally identifiable information from these records. When a student reaches 18 years of age or attends a postsecondary institution, all rights under FERPA transfer from the parent to the student.

For more detailed information on FERPA and the Board’s policies related to same, please see Board Policy Nos. 8330 and 8350 available at <https://go.boarddocs.com/oh/aubcc/Board.nsf/Public>