

Thank you for your interest in the Electrical Level I Program at Odessa College.

Below is a list of documents needed to enroll for the Program:

- Continuing Education Registration Form
- Adult Model Release
- OC Training Waiver
- FERPA release

Program information:

Tuition: \$2800.00

Class Schedule:

Monday to Wednesday 6pm to 10pm

To hold your place in the class we will need one of the following:

- Scholarships available
- Payment Plans available
- Approval from Workforce Solutions of the Permian Basin

Continuing Education Class Registration/Drop Form



CONTINUING EDUCATION Online registration is also available at www.odessa.edu/ce/.

Deliver Form in Person or Mail: Odessa College, CE Office, 2714 Robertson Ave, Odessa, TX 79764 **Deliver by FAX:** (432) 335-6667 □

Last Name			First Name (Legal Name Only)		MI S		Soc. Sec. No. or OC Student ID*	
Date of Birth Home/Cell Phone		Bus. Phone	Email	Email (one that is frequently checked)				
Mailing A		Male	Female	City	State	?	Zip	
Emergen	cy Conta	ıct		Relationship			Phone	
Employe	er Name			Addr	Address Phone		Phone	
*Odessa (College us	ses the So	ocial Security Number to c	omply with state report	ting requirements.			
DEMOG	RAPHIC	DATA:	Used by the state to help	provide support for ou	r programs. Your co	operation is appreciat	ted.	
Are you Hispanic or Latino? ☐ Yes ☐ No Select one or more races: ☐ American/Alaska Native ☐ Black or African American ☐ Hawaiian or Pacific Islander ☐ White ☐ Asian REGISTRATION				Additional Information (choose all that apply) ☐ Academically disadvantaged ☐ Economically disadvantaged ☐ Limited English ☐ Single Parent ☐ Displaced Homemaker ☐ Disabled (Describe)				
Add	Drop		se Title		So	ction Number	Start Date	
Auu	Біор	Cour	3c Titic		30	ction Number	Start Date	
Non-reforefundal and after Classes will be receptification once a suffithe processes in the processes of the	undable the first will be p efunded tes/Lice tudent l ogram in n addition that the	down pu withdoust-class rorated l. nses will has excenciudes on to the ing circue inform	day. per program by week Il not be released to the eeded 25% completion student equipment, to e tuition owed based umstances, a committe	s up to 25% completes as up to 25% completes student until unpain of the program, the sools, and gear, the stoon the number of wee may review a student of the program as the student of the may review as the student of the student o	ass day. No refun tion of the progra aid balances are p e student is respons tudent is respons eeks attended up dent's request up	d for the down pay am to determine w paid in full. possible for the full sible for the cost of to the 25% comp oon student appeal	what is owed and what tuition of the program. If these items to the letion.	
Student	Signatu	re				Date		

ODESSA COLLEGE Waiver of Liability and Hold Harmless Agreement

Prin	nted Name of Participant	Printed Name of Witness				
Part	ticipant Signature	Witness Signature	_			
In v	vitness whereof, I have set my signature	on thisday of	, 20			
	In signing this release, I acknowledge ar Liability and Hold Harmless Agreement act and deed; no oral presentations, state written agreement, have been made; I ar competent; and I execute this Release for intending to be bound by same.	, understand it and sign it voluntariements, or inducements, apart from at least eighteen (18) years of age	ly as my own free the foregoing and fully			
4.	It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge, and covenant not to sue the above named College. I further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas.					
3.	I further agree to indemnify and hold had costs, including court cost and attorney the activity, whether caused by negliger	y fees, that they may incur due to				
2.	I am fully aware of risks and hazards participate in the activity, and to enga hazardous to me and my property. I vloss, property damage or personal injurant loss or damage to property owned whether caused by the negligence of the	age in such activity knowing that to voluntarily assume full responsibility, including death, that may be so by me, as a result of being engaged	the activity may be ity for any risks of sustained by me, or			
1.	In consideration for receiving permission I release, waive, discharge and coven College, their officers, servants, agents, from any and all liability, claims, dema out of or related to any loss, damage, or or to any property belonging to me, we otherwise, while participating in such a the activity is being conducted.	ant not to sue the Board of Trust, or employees (hereinafter referred nds, actions and causes of action we injury, including death, that may be whether caused by the negligence	to as the College) hatsoever arising e sustained by me, of the College or			
1.	In consideration for receiving permission	on to participate in the				

ODESSA COLLEGE

Records Office 201 W. University Odessa, TX 79764 Records@odessa.edu Ph. 432.335.6404 Fax 432.335.6303

Grant Access to Student Records

FERPA: The Family Educational Rights and Privacy Act

FERPA is a federal law designed to protect the privacy of a student's education records. The law applies to all institutions of higher education which receive funds under applicable programs of the U.S. Department of Education. This act protects your personal information from unauthorized distribution to third parties. With limited exceptions, Odessa College must have a signed acknowledgement from you before personal information can be released to a third party (i.e., spouse, parent, employer, etc.).

Student Name:	Date of Birth:	OC ID:
This form is your signed consent for Odes identified. One form is required per author a <i>Revoke Access to Student Records</i> form indicated below. Once received, the document of the control of the contro	rized individual. If you wish to revoke this n. Please fill out this form on-line, print, si	authorization, you will need to fill out ign, and return to one of the offices
I release the following educational records t	the undersigned, ho the designated individual or entity listed	nereby authorize Odessa College to d below (check all that apply):
☐ Academic Records/Transcript	(Help Center, Records, WEC, Admission	s)
☐ Student Financial Services (Fi	inancial Aid Office)	
Use of a password is recommended, but of below when they provide the password you below. Odessa College will not release an	u assign, if you list one. Be sure to give	the password to the person identified
Please enter password:		
Designated Individual/Entity		
Name:		
Address:		
Phone:		
Relationship: Parent Spo	ouse	
By signing this authorization, I am waiving or entity specifically listed herein. I hereby liabilities that may arise from my instruction mail or fax transmissions. If I am a dependeducational records to parents and legal g will be in effect and retained in my study a change using the Revoke Access to S	r release and hold harmless Odessa Collens, including unauthorized viewing of my ident for tax purposes, Odessa College materials, regardless of my consent. This lent records from the date indicated be	ege from any and all claims and information by unintended recipients of ay (but is not required to) release sexecuted FERPA Release Form elow until I notify Odessa College of
☐ ONE-TIME RELEASE TO ABOVE NAM	MED INDIVIDUAL/ENTITY – EXPIRES O	N (date)
Student Signature:		Date:
RECORDS OFFICE: Received by: Date:	Processed by:	Date:
		to Financial Services