


CONTINUING EDUCATION

 **L I N E M A N**

Thank you for your interest in the Lineman Program at Odessa College.

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

- Continuing Education Registration Form (attached)
 - Adult Model Release (attached)
 - OC Training Waiver (attached)
 - FERPA release (attached)
 - Shirt size: _____
 - Waist Size: _____
 - Boot Size: _____

Program information:

- Tuition - \$8,000

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

- A voucher from Workforce Solutions of the Permian Basin
 - A payment plan put into place



Continuing Education Class Registration/Drop Form

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

Deliver Form in Person or Mail: Odessa College, CE Office, 201 W. University Blvd., Odessa, TX 79764 **Deliver by FAX:** (432) 335-6667 •

 Last Name First Name (Legal Name Only) MI Soc. Sec. No. or OC Student ID*

 Date of Birth Home/Cell Phone Bus. Phone Email (one that is frequently checked)

 Mailing Address City State Zip
Circle one: Male Female

 Emergency Contact Relationship Phone

 Employer Name Address Phone

*Odessa College uses the Social Security Number to comply with state reporting requirements.

DEMOGRAPHIC DATA: Used by the state to help provide support for our programs. Your cooperation is appreciated.

Are you Hispanic or Latino? Yes No

Additional Information (choose all that apply)

Select one or more races:

- American/Alaska Native
- Black or African American
- Hawaiian or Pacific Islander
- White Asian

- Academically disadvantaged
- Economically disadvantaged
- Limited English Single Parent
- Displaced Homemaker
- Disabled (Describe) _____

REGISTRATION

Add	Drop	Course Title	Section Number	Start Date

DOWN PAYMENT/REFUND POLICY

Non-refundable down payment may be required for your program and are program specific. The down payment will be refundable if you withdraw from the program prior to the first class day. No refund for the down payment will be issued on and after the first class day.

Classes will be prorated per program by weeks up to 25% completion of the program to determine what is owed and what will be refunded.

Once a student has exceeded 25% completion of the program, the student is responsible for the full tuition of the program. If the program includes student equipment, tools, and gear, the student is responsible for the cost of these items to the college in addition to the tuition owed based on the number of weeks attended up to the 25% completion.

Under extenuating circumstances, a committee may review a student's request upon student appeal.

I certify that the information I have given on this form is accurate and complete. I understand all policies and guidelines for registration.

Student Signature _____

Date _____



ODESSA COLLEGE

Waiver of Liability and Hold Harmless Agreement

1. In consideration for receiving permission to participate in the _____, I release, waive, discharge and covenant not to sue the Board of Trustees, Odessa College, their officers, servants, agents, or employees (hereinafter referred to as the College) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the College or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.
2. I am fully aware of risks and hazards connected with the activity, and I elect to voluntarily participate in the activity, and to engage in such activity knowing that the activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, whether caused by the negligence of the College or otherwise.
3. I further agree to indemnify and hold harmless the College from any loss, liability, damage or costs, including court cost and attorney fees, that they may incur due to my participation in the activity, whether caused by negligence of the College or otherwise.
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.

In signing this release, I acknowledge and represent that I have read the above Waiver and Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral presentations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

In witness whereof, I have set my signature on this _____ day of _____, 20____.

Participant Signature

Witness Signature

Printed Name of Participant

Printed Name of Witness

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 Odessa College to release the indicated educational records to the individual identified. One form is required per authorized individual. If you wish to revoke this authorization, you will need to fill out a *Revoke Access to Student Records* form. Please fill out this form on-line, print, sign, and return to one of the offices indicated below. Once received, the document will be processed in 2 to 3 business days.

I _____ the undersigned, hereby authorize Odessa College to release the following educational records to the designated individual or entity listed below (check all that apply):

- Academic Records/Transcript (Help Center, Records, WEC, Admissions)
- Student Financial Services (Financial Aid Office)

Use of a password is recommended, but optional. Access to student records will only be granted to the individual listed below when they provide the password you assign, if you list one. *Be sure to give the password to the person identified below.* Odessa College will not release any of your information unless the authorized individual provides the password.

Please enter password: _____

Designated Individual/Entity

Name: _____

Address: _____

Phone: _____

Relationship: Parent Spouse Other (describe) _____

By signing this authorization, I am waiving my rights of nondisclosure of my student records under FERPA to the person or entity specifically listed herein. I hereby release and hold harmless Odessa College from any and all claims and liabilities that may arise from my instructions, including unauthorized viewing of my information by unintended recipients of mail or fax transmissions. If I am a dependent for tax purposes, Odessa College may (but is not required to) release educational records to parents and legal guardians, regardless of my consent. **This executed FERPA Release Form will be in effect and retained in my student records from the date indicated below until I notify Odessa College of a change using the *Revoke Access to Student Records* form, unless One-Time Release is checked below.**

ONE-TIME RELEASE TO ABOVE NAMED INDIVIDUAL/ENTITY – EXPIRES ON _____ (date)

Student Signature: _____ Date: _____

RECORDS OFFICE:

Received by: _____ Date: _____ Processed by: _____ Date: _____

Copy to Financial Services



Adult Model Release

In consideration of my engagement as a model, upon the terms herewith stated, I hereby give Odessa College, its legal representatives and assigns, those for whom Odessa College is acting, and those acting with his/her authority and permission:

- a) The unrestricted right and permission to copyright and use, re-use, publish, and republish photographic portraits or pictures of me or in which I may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever.
- b) I also permit the use of any printed materials in connection therewith.
- c) I hereby relinquish any right that I may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied.
- d) I hereby release, discharge and agree to save harmless Odessa College, its legal representatives or assigns, and all persons functioning under his/her permission or authority, or those for whom he/she is functioning, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.
- e) I hereby affirm that I am over the age of 18 and have the right to contract in my own name. I have read the above authorization, release and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

Dated: _____

Printed Name: _____

Signature: _____

Address: _____

City: _____

State/Zip: _____

Phone: _____

ODESSA COLLEGE

Change to Demographic & Contact Information

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

OC ID# _____

Student Name: _____
(Last)(List previous last name if you are changing your name) (First) (Middle)

PLEASE LIST ONLY THE CHANGES OR CORRECTIONS TO BE MADE:

Social Security #: _____ (ONLY if changed)

Name: _____
(Last)(List NEW last name for a name change) (First) (Middle)

Address: _____ Apartment # _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Cell Home Work

Email: _____

Student Signature: _____ Date: _____

Is your address change:
___ Physical address only
___ Mailing address only
___ Both physical & mailing

* A change to your SS# must be accompanied by a copy of your SS card and government-issued photo ID. A change to your name/gender must be accompanied by supporting documentation, such as a marriage license or court order, and government-issued photo ID. Current students must submit SS card showing changed name in addition to above documents, due to bank card requirements.

* A change in your state or county of residence may have a significant impact on your tuition rate. If you move into the state of Texas, you must meet residency requirements in order to be eligible for in-state tuition rates. A request for reclassification must be completed and submitted with supporting documentation prior to the census date for the semester in which you wish to be reclassified. If you move out of ECTOR COUNTY and/or to another state, your residency status will be updated upon receipt of the new information.

TURN IN TO WRANGLER EXPRESS

WRANGLER EXPRESS: Received by: _____ DATE: _____

RECORDS OFFICE ONLY: Processed by: _____ DATE: _____