



Skilled Trades Registration Form

541.880.2243

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If the College cancels a class, students are entitled to a full refund of tuition and applicable fees. In order to receive a refund, students must fill out an Add/Drop Form. Refunds are based on the following criteria:

Students must drop prior to first class in order to receive refund

Name _____
(Last) (First) (Middle)

Phone Number _____ (example 123-345-6789)

Email Address _____

Mailing Address Line 1 _____

Mailing Address Line 2 _____

City _____ State _____ ZIP _____

Date of Birth _____ Gender ☐ Male ☐ Female
MM/DD/YYYY

Marital Status ☐ Married ☐ Single Ethnicity ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Race (check all that apply) ☐ African American/Black ☐ American Indian/Alaska Native
☐ Asian ☐ Pacific Islander ☐ White

Social Security Number _____

Providing your social security number is **not required for Community Education**.
If you plan to take credit classes and apply for Federal Financial Aid, it will be required.

Course Number	Course Name	Dates	Start/End Time	Cost

KCC is required to collect some of the data for institutional compliance. We appreciate your cooperation.
Non-Discrimination Policy: Klamath Community College is an equal opportunity educator and employer.

Total Cost \$1975

Payment Options: (check one)

☐ Credit Card ☐ Enclosed Check ☐ Enclosed Cash ☐ Scholarship Name: _____

Card Number _____ Expiration Date _____

Name as it appears on card _____ ☐ Visa ☐ MasterCard ☐ Discover

I hereby certify that I have provided complete and accurate information on this form, and I understand that if it is found to be otherwise, it is sufficient cause for rejection or dismissal. Signature also confirms credit card payment.

Student Printed Name

Student Signature

Date

Registration and Release Form



Please type or print legibly. Inaccuracies on this form may be reflected on credentials. This form must be completed to be entered into the NCCER Registry System. Records containing personal trainee information, including but not limited to score reports, training prescriptions, and transcripts, may not be distributed until this form has been completed.

** Denotes required fields.*

ATS/AAC Name*: _____

Name*: _____

Job Title: _____

Address*: _____

City*: _____ State*: _____ Zip*: _____

Phone*: _____ ☐ Home Number ☐ Cell Number

Email Address*: _____

Birth Date*: _____ Birth City*: _____

* You must provide **ONE** of the following numbers to be entered into the NCCER Registry System. A unique Card Number will be generated once your Registration and Release Form has been entered into the system. **Pipeline users MUST provide their SSN.**

Social Security Number: _____

NCCER Card Number: _____

State DOE Student Number: _____ Which State? _____

Dept. of Corrections Student Number: _____ Which State? _____

Driver's License Number: _____ Which State? _____

If you provide the **State DOE Student Number**, then please first contact your Sponsor Representative to ensure your state I.D. type has been added to the Registry System. NCCER must approve all new Alternate I.D. types. Please contact NCCER Customer Support if you have any questions.

Optional Information:

Company/School Name: _____

Company/School Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

I hereby authorize NCCER to verify information in my training and/or assessment records, which may include any of the personal information provided on this form. I agree to release and hold harmless NCCER for the disclosure of any such information in connection with this verification process. I confirm my understanding that any and all NCCER credentials and/or certifications I receive may be revoked by NCCER at any time, with or without notice, if it is determined that the organization through which I received them has violated the NCCER Accreditation Guidelines & Program Compliance standards or any other applicable policies and procedures promulgated by NCCER. I also understand and agree that NCCER shall have no legal, financial or other liability to me for the revocation of any certification or credential, and that financial liability for any funds paid to an organization for training, testing, assessment or other services associated with the issuance of such certifications or credentials shall rest solely with said organization.

Signature*: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Required if individual is under 18 years of age.)

NOTE: This form must be maintained on file per NCCER Accreditation Guidelines. Do not send to NCCER unless requested.

Releases and Receipt of Forms

Consent to Release Confidential Information

Full Legal name:

Today's Date:

Release of Confidential Information

By signing below, I give permission for KCC to share my personal information to (insert here), & other agencies (*indicated here*) _____ in order for me to participate in this grant-funded program.

The agencies listed above will not discriminate against anyone and will help all who qualify. We will not deny help to anyone based on age, race, color, national origin, gender, ethnicity, sexual orientation, religion, political beliefs, or disability. If you believe you were discriminated against for any of these reasons, you may file a complaint.

- To file a complaint: Write to Klamath Community College: 7390 South 6th Street Klamath Falls, OR 97603

Participant Signature

Date

Media Release

I, _____, **authorize** KCC, and any additional agencies (*indicated here*) _____ to use my image, likeness, or name in media releases, promotional displays, on websites or on other printed or graphic materials.

I, _____, **do NOT authorize** KCC, and any additional agencies to use my image, likeness, or name in media releases, promotional displays, on websites or on other printed or graphic materials.

Participant Signature

Date

Confirmation of Equal Opportunity and Social Security Release Information

I verify I have received a copy of the Equal Opportunity and Social Security Number Release information.

Participant Signature

Date