

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: \$2500.00

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

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	Email (one that is frequently checked)				
Mailing A		Male	Female	City	State		Zip	
Emergency Contact		Relationship	nship Phone		Phone			
Employer Name				Addr	Address Phone		Phone	
*Odessa (College us	es the So	ocial Security Number to c	omply with state report	ing requirements.			
DFMOG	RAPHIC	DATA:	Used by the state to help	n nrovide sunnort for ou	ır nrograms. Your coonei	ration is annrecia	ated	
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				Additional Information (choose all that apply) ☐ Academically disadvantaged ☐ Economically disadvantaged ☐ Limited English ☐ Single Parent ☐ Displaced Homemaker ☐ Disabled (Describe)				
REGIST		1					T	
Add	Drop	Cours	se Title		Section	Number	Start Date	
Non-reforefundal and after Classes will be re Once a so If the procollege in Under e	undable ble if you r the firs will be p efunded student l ogram ir in addition xtenuati that the	down pu withdown go crorated	day. per program by week eeded 25% completion student equipment, to e tuition owed based umstances, a committe	s prior to the first class up to 25% completed of the program, the solons, and gear, the solon the number of wee may review a student	iss day. No refund for tion of the program t e student is responsible tudent is responsible eeks attended up to dent's request upon s	the down pay o determine vole for the full for the cost of the 25% comp tudent appea	what is owed and what tuition of the program. f these items to the letion.	
Student Signature						Date		



ODESSA COLLEGE Waiver of Liability and Hold Harmless Agreement

Par	witness whereof, I have set my signature on t	hisday of, 20 Witness Signature					
	witness whereof, I have set my signature on t	hisday of, 20					
In v							
	Liability and Hold Harmless Agreement, un act and deed; no oral presentations, stateme written agreement, have been made; I am at	epresent that I have read the above Waiver and derstand it and sign it voluntarily as my own free nts, or inducements, apart from the foregoing t least eighteen (18) years of age and fully all, adequate and complete consideration 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 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.						
2.	participate in the activity, and to engage in hazardous to me and my property. I volu- loss, property damage or personal injury,	nected with the activity, and I elect to voluntarily in such activity knowing that the activity may be entarily assume full responsibility for any risks of including death, that may be sustained by me, or ne, as a result of being engaged in such an activity, ollege or otherwise.					
1.	from any and all liability, claims, demands out of or related to any loss, damage, or inj or to any property belonging to me, whetl						

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 releidentified. One form is required per authorized individual. a <i>Revoke Access to Student Records</i> form. Please fill out indicated below. Once received, the document will be process.	If you wish to revoke this au this form on-line, print, sign	uthorization, you will need to fill out , and return to one of the offices
Irelease the following educational records to the designated	the undersigned, here individual or entity listed be	eby authorize Odessa College to elow (check all that apply):
Academic Records/Transcript (Help Center, R	ecords, WEC, Admissions)	
Student Financial Services (Financial Aid Office	e)	
Use of a password is recommended, but optional. Access below when they provide the password you assign, if you libelow. Odessa College will not release any of your information.	st one. Be sure to give the	password to the person identified
Please enter password:		
Designated Individual/Entity		
Name:		
Address:		
Phone:		
Relationship: Parent Spouse Other	(describe)	
By signing this authorization, I am waiving my rights of non or entity specifically listed herein. I hereby release and hol liabilities that may arise from my instructions, including una mail or fax transmissions. If I am a dependent for tax purpeducational records to parents and legal guardians, regard will be in effect and retained in my student records from a change using the <i>Revoke Access to Student Records</i>	d harmless Odessa College uthorized viewing of my info oses, Odessa College may less of my consent. This e n the date indicated belov	e from any and all claims and primation by unintended recipients of (but is not required to) release secuted FERPA Release Form wuntil I notify Odessa College of
ONE-TIME RELEASE TO ABOVE NAMED INDIVIDUA	L/ENTITY - EXPIRES ON _	(date)
Student Signature:	[Date:
RECORDS OFFICE:	Processed by	Data
Received by: Date:		Date: Financial Services