OWENS COMMUNITY COLLEGE

Center for Emergency Preparedness

TOLEDO-AREA CAMPUS
Attn: Center for Emergency Preparedness
30335 Oregon Road • Perrysburg, Ohio 43551-4539
1-800-GO-OWENS, Ext. 7600 • LEPD@OWENS.EDU
www.owens.edu/cep

Law Enforcement & Professional Development Training Consortium

Social Security Number: NOT REQUIRED OCID (if known) NOT REQUIRED

Your Social Security Number is confidential and protected by both federal and state laws. The college will protect this number from unauthorized disclosure and/or use. In compliance with state and federal regulations/laws, disclosure may be authorized for the purposes of state and federal reporting. Additionally, Owens Community College will use your Social Security Number for keeping records, and reporting. If your Social Security Number is not provided, Owens Community College and other colleges may not be able to match your application(s), test scores or transcripts to your academic records which may delay processing your application.

Gender: Male Female Birth Date: (MM/DD/YYYY) _____

Please *clearly print* your name as it appears on legal documents: Use black or blue ink

STUDENT

Last name: _____ First name: _____ M.I. ____

Please indicate any former names: _____

Home Mailing Address: (include apartment or lot number, if applicable)

_____

City, State Zip: _____

Phone: (C) _____ (O) _____ County: _____

E-mail: _____

Department Name: _____ Address: _____

Phone: _____

Training Officer: _____ E-mail: _____

Your responses to the following questions are voluntary and will be treated as confidential. No discriminatory action will be taken as a result of your response and no adverse action will result if you do not respond.

Are you of Hispanic or Latino origin? Yes No

If you wish to be identified by race, please circle one: American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander White/Caucasian

The information given above is complete and accurate to the best of my knowledge. I will be responsible to pay all fees, interest, and expenses incurred. Delinquent accounts will be forwarded to the Ohio Attorney General's Office for actions, as required by the Ohio Revised Code. Successful completion of a program of study at the College does not guarantee licensure, certification, or employment in relevant occupation.
By signing this application, I agree to abide by all policies, regulations, and procedures of the College. I understand this application is for non-credit course work only.

_____ _____
Signature Date

Course Title:	Course Date:
Course Title:	Course Date:
Course Title:	Course Date:
Course Title:	Course Date:
Course Title:	Course Date:

CEP USE ONLY: _____ Dept _____ Roster _____ Elevate _____ Wait List