



COLLIN COLLEGE ADMISSIONS & RECORDS
Fire Protection Training or Law Enforcement Training Enrollment Form
PLEASE PRINT

Complete, Legal Name is required			
Collin CWID Number: _____		First time <input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	
Last Name _____		Date of Birth ____/____/____	
First Name _____		PID Number: _____ <small>(Law Enforcement only)</small>	
Middle Name _____		Driver's License# <u>XXXXXXXXXX</u> <small>(Law Enforcement only)</small>	
Street Address: _____		Department: _____	
City, State, ZIP _____		Home Address <input type="checkbox"/> or Work Address <input type="checkbox"/> (Check one)	
Home Phone (____) _____		Work Phone (____) _____	
Cell Phone (____) _____			
Email address: _____ (This is the email address where we will send your ID number)			

If it is the first time attending, you will be given an ID number through email to use with Collin future registrations.

CRN#	Course Title	Room Number	Start Date	Start Time	Course Tuition
	Collin County Mental Health Symposium	-	11/18/2021	8:00 a.m.	\$0

The following information is requested for internal, state, federal reports and funding. All information will be held in strictest confidence.

Do you have a disability? ☐ Yes ☐ No

Please select one Ethnicity Code:
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Please select as many race codes as applicable
☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American
☐ White
☐ Asian
☐ American Indian or Alaskan Native



Payment Method:

Students will be responsible for all amounts owed if sponsoring agency does not remit payment in full.

Cash <input type="checkbox"/> Amount: _____ Received By: _____	Check: Agency <input type="checkbox"/> Check: Personal <input type="checkbox"/> Check Number: _____	Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Card No: _____ Expiration Date: _____ Digit Security Code: _____ Name on card: _____ Signature: _____	Agency Billing Agreement <input type="checkbox"/> Agency Name & Billing Address: _____ _____ _____ _____
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I understand that it is **mandatory** that I attend all training sessions of this course in order to receive full training credits. Should an emergency arise it is my responsibility to contact the class coordinator. I hereby release Collin College, their agents, employees, or instructors from any and all liability for an accident or injury that may be sustained while participating in the above mentioned activity. I hereby release liability against any employee required to administer first aid or obtain medical care from any licensed physician, hospital, or emergency medical provider for the participant named herein when time is of the essence.

Student Signature _____ **Date:** _____

Collin College is an equal opportunity institution and provides education and employment opportunities without discrimination on the basis of race, color, religion, sex, age, national origin, disability or veteran status. With few exceptions, state law gives you the following rights regarding the information collected by Collin about you: the right to request to be informed about the information; the right to receive and review the information; and the right to correct information about you that is incorrect.