

SOUTHEAST ARKANSAS COLLEGE WORKFORCE DEVELOPMENT CENTER

Technology Center, 1900 Hazel Street, Pine Bluff, AR 71603
Phone: (870) 543-5947 Fax: (870) 543-5951 Toll Free: 1-888-732-7582

This is a Workforce Continuing Education Registration Form.
(Please fill out this form completely.)

Name _____
(Last) (First) (Middle) (Maiden)

Address _____
(Street) (Apt. No.) (City) (State) (Zip) (County)

SEARK College ID# _____ **Date of Birth** ___ / ___ / _____

Place of Employment _____ **Business Phone Number** () _____

Home Phone Number () _____ **Cell Number** () _____

Contact in case of emergency _____
(Name) (Home Phone) (Business Phone)

E-Mail Address _____

Gender	
<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

Race	
<input type="checkbox"/>	Asian
<input type="checkbox"/>	American Indian or Alaskan Native
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Hawaiian/Pacific Islander
<input type="checkbox"/>	White
<input type="checkbox"/>	Hispanic

Ethnic	
<input type="checkbox"/>	Hispanic/Latino
<input type="checkbox"/>	Non Hispanic/Latino

I have read the Photo Release Form and grant the following permission:

Photo Release Permission	
<u>Please initial here:</u>	My photograph may be used in college publications including web sites or other electronic forms or media. Please notify me when my picture is published. <input type="checkbox"/> CheckBox
<u>OR here:</u>	I do not wish for my photograph to be used in college publications.

I desire to enroll in the following class:

Course Name	Time	Date

Failure to notify SEARK 24 hours in advance of a class cancellation will result in the forfeiture of your registration fees.

Drug Free School and Campus Compliance Statement:

I certify that, while a student at Southeast Arkansas College, I will NOT engage in the unlawful manufacture, distribution, dispensation, or use of intoxicants or drugs.

Signature _____

Date _____

Small text at the bottom of the page regarding non-discrimination policies and ADA compliance.

Photo Release Form

I grant permission to the Southeast Arkansas College to use photographs taken of me for use in college publications, including web sites or other electronic forms or media, and to offer the photographs for use or distribution to other college departments, without notifying me.

I hereby waive any right to inspect or approve the photographs, publications, or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs.

I hereby agree to release and hold harmless Southeast Arkansas College, via electronic or media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in production of the finished product. It is the discretion of SEARK College to decide whether to use the image.

I am 18 years of age and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.