ACKNOWLEDGEMENT & RELEASE OF INFORMATION APPRENTICE

Page 1____ Page 2____ Page 3____ Page 4____ Page 5____ Page 6_____

I further understand that I am ultimately responsible for the payment of tuition and fees. I agree if the tuition/fees are not paid in full, I shall not receive credit for school hours. I further understand that a no-refund policy exists and will not receive any reimbursement should I drop out or be dropped from the program.

With this form, I hereby authorize OTCEAP, LLC to release any required information about me to the Arkansas Department of Labor, the Arkansas Department of Health, the Arkansas Department of Career Education, the U.S. Department of Labor, Board of Electrical Examiners and other recognized and/or approved apprenticeship training programs in Arkansas. This information will be used ONLY for the purpose of validating my enrollment in a training program; verification of proper registration and licensure with the above entities; for the transfer of information from the training program I am enrolled in to another program in which I am enrolling; and the Department of Career Education for the coordination purposes or other as prescribed by law.

I ______ (PRINT YOUR NAME) give my permission that any school, GED Training, or College may release my records of attendance and grades to OTCEAP.

| | | | EA | | |
|---|--------------------------------|-----------------------|---------------------------|----------------------------|----|
| Driver's License Number | | | Electrical License Number | | |
| SIGNATURE | | | DATE | E OF BIRTH | |
| Date Started Work | <u>Y</u> N Committed Felony | | Rate of Pay | | |
| Company & Phone Nu | Imber | <u>Y N</u> HS Grad | <u>Y N</u> College | <u>Y N</u> Veteran | |
| Voluntary Race mar Hawaiian White | k one or mo | re: Americar | n Indian Asiar | n Black or African America | ın |

Voluntary Mark one: Hispanic or Latino YES Hispanic or Latino NO