



Thank you for choosing North Idaho College-Workforce Training Center
 Please take a moment to complete the student intake process by completing this form.

Course Name:

Instructor Name:

Class ID #:

Course Dates:

First Middle Last

Street Address

City State Zip Code

Phone E-mail Birthdate

Gender Female Male *For State Reporting Purposes Only* All above fields are required for registration in class.

The following information is for record-keeping for Federal & State reporting purposes:

Social Security Number Collection and Usage

North Idaho College (NIC) will only use your social security number (SSN) as needed for lawful purposes within the business of NIC and those specific purposes identified by the Social Security Administration, the Internal Revenue Service and other state and federal regulatory agencies. The SSN will not be used in any information system as the primary identification of staff; and recognizes that the issue of identity theft is a growing problem. NIC departments that are authorized and required to collect, transmit, store or use an SSN will do so in a secure manner. Violations of this policy may result in disciplinary action up to and including discharge or dismissal in accordance with NIC rules and procedures.

All SSNs are protected by FERPA (Federal Education Records Privacy Act) and are never released to unauthorized parties.

I have read the information above and am aware that North Idaho College Workforce Training Center will comply with Section 7 of the Federal Privacy Act of 1974, 5 U.S.C. § 552a note and various amendments to the Social Security Act codified at 42 U.S.C. § 405

Full 9-digit SSN *(required for Idaho State Reporting)* _____

Waiver of Liability

I acknowledge that I am acquainted with the dangers and risks of this class or workshop. I also am of the appropriate skill level and physical condition to undertake the rigors of this class. If I have any doubts about my physical or medical condition, I will seek medical advice. **I have made a careful decision that I am willing to accept and assume all risks.**

I understand that NIC Workforce Training Center is not responsible for the safety of personal vehicles, nor does it provide insurance. I also understand that personal medical insurance is not provided and I am responsible for obtaining proper personal insurance coverage.

I will not, nor will any of my heirs, hold the State of Idaho, North Idaho College, or NIC Workforce Training and Community Education and their employees and volunteers and other class members liable for any injuries or death or property loss. It is my specific intent and purpose to release, to indemnify, to hold harmless, and to forever discharge the State of Idaho, North Idaho College, NIC Workforce Training and Community Education, and their employees and volunteers, from all claims, demands, actions, or causes of action on account of my death or on account of any injury to me which may occur from my participation therein, as well as all activities incident thereto.



North Idaho College

Learning for Life

Workforce Training and Community Education

Authorization for Sharing

I authorize North Idaho College-Workforce Training Center to exchange pertinent information (e.g., directory information, attendance, academic progress, health documentation, credentialing) about me with the following person(s), agency, or instructors (includes the use of email).

Employer _____ Agency _____

Individual _____ Clinical Site(s) _____ Prometric (for the CNA registry) _____

Confidentiality cannot be ensured in the following situations for individuals not listed above

- A signed "release of information" form requesting or agreeing to the release of information to other specified people.
- The development of a concern regarding the student's safety or the safety of others requiring necessary action to prevent harm.
- If a court orders the release of information to service the cause of justice.
- If there is knowledge or suspicion of child or elder abuse.
- If the student reports sexual harassment.

I understand that information about me will be used for professional/educational purposes only, and I permit to release information about me within the above parameters. I have reviewed the conditions of this request to my satisfaction and realize that I can revise this authorization at any time by contacting the program coordinator.

Model/Media Release

I give North Idaho College the right and permission to copyright and/or publish, or use photographic portraits, pictures, videos, or testimonials, in which I may be included in whole or in part, or composite or distorted for publication, printed or electronic advertising, art, trade or any other lawful purpose whatsoever.

Student Signature _____

Date _____

If under 18 years of age:

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Date _____