



Open Enrollment Application

CUSTOMIZED TRAINING

501 West College Drive, Brainerd, MN 56401

1830 Airport Road, Staples, MN 56479

1-800-933-0346 218-855-8142

www.clcmn.edu/BUSIND

Registration - Completing this registration form signifies that my name, address, and employer information is current and correct. CLC has permission to update my information as well as register me for this training.

Class Title _____ Course Number _____ Date(s) _____ Fee _____

Class Title _____ Course Number _____ Date(s) _____ Fee _____

Student Information

Last Name _____ First Name _____ Middle Name _____ Former Name _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Home County _____

US Citizen Yes No

Email Address _____

Although your registration will be accepted without a social security number, providing it will reduce the likelihood of error when matching data with your registration. Central Lakes College is asking you to provide information that includes private and/or confidential information under State and Federal Law. In the computerized system Social Security Number is the primary means of identification. The college will use this information for positive identification to ensure your records are not confused with those of other students. The information collected will only be used for registration purposes by the Central Lakes College and the MnSCU system and will not be sold or distributed.

Birthdate (MM/DD/YY) _____ Social Security Number _____

Other Information

Gender

- Female
 Male

Marital Status

- Divorced
 Married
 Separated
 Single
 Widowed

Racial/Ethnic Origin

- American Indian or Alaska Native
 Asian
 Black or African American
 Hispanic or Latino
 Native Hawaiian or Other Pacific

Islander

Payment - Total Amount \$ _____ (payment, purchase order, or billing information must accompany registration)

Bill my Employer (Please note, you will need to complete the 3rd Party Authorization Form also)

Employer Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Fax Number _____ Company Size 1-20 21-50 51-100 Over 100 Employees

Cash

Receipt Needed

Check Enclosed (payable to Central Lakes College)

Purchase Order # _____

Visa Mastercard

Name on Card _____ Credit Card # _____ Exp. Date _____

Billing Address _____

(continued)

Contact Information

Mail Central Lakes College, 501 West College Drive, Brainerd, MN 56401

Fax 218-855-8141

Phone 218-855-8142

Toll Free 1-800-933-0346

Website www.clcmn.edu/BUSIND

✉ **Mail** completed form & payment to: Central Lakes College, ATTN: Jan Sterner, 501 W. College Drive, Brainerd, MN 56401. If paying by check please make payable to: Central Lakes College

☎ **Phone** registrations are accepted only with a credit card: call 800-933-0346x8142 or 218-855-8142

📠 **Fax** registration & credit card info: 218-855-8141

💻 **Online** registration: www.clcmn.edu

Policy/Information

- Please register at least 7 days in advance. A decision whether a class will be held is made one week before the class starts based on the number of paid registrations. Within 7 days of the class start, registrations are accepted based on availability for that course.
- Class confirmation is not sent.
- Refunds: A full refund is issued if you contact us 7 days prior to the start of the class, or if a class is cancelled. Once the class starts there is no refund.

Accommodations

CLC is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, or membership or activity in a local commission as defined by law. This information is available in alternative format upon a 48-hour advance request by contacting Disability Services at 800-933-0346, ext. 8175. Minnesota Relay Service: 800-627-3529 or 612-297-5353.

Directory Information

Central Lakes College has designated the following information as directory information. Directory information is public data unless you request this data to be treated as private data.

- | | |
|--|--|
| • Student's name | • Address (local and permanent) |
| • Telephone number | • Email address |
| • Hometown | • Date of graduation |
| • Major field of study | • Height and weight of athletes |
| • Degrees, honors and awards received | • Dates of attendance |
| • Participation in officially recognized activities and sports | • Enrollment status (i.e., enrolled, withdrew, full-time or part-time) |
| • Photographs (stills or motion) | |

Implications of Withholding Your Directory Information

If you request that we withhold your directory information, all requests for information from non-institutional persons or organizations will be refused without your written authorization, **except where required by law**. For example, the college would be unable to verify degree, major or enrollment for possible employment, loan deferment, insurance eligibility, home mortgage applications, apartment leases, etc. unless the request is accompanied by your signed, dated release. Central Lakes College cannot assume responsibility for contacting you for this authorization, nor can we accept liability for honoring your request that such information be withheld. Your request to withhold your directory information will remain in effect until you inform us in writing to rescind it.

Students may direct that any or all of the above-listed Directory Information be withheld from public disclosure by notifying the Registrar in writing. *Non-Disclosure of Public Information* forms are available from the Records and Registration Department at www.clcmn.edu/registration/forms.html.

Sincerely,

Richard Kangas
Registrar

05/13/10