



# PUBLIC SAFETY TRAINING CENTER: ADVANCED TRAINING REGISTRATION

## REGISTRATION OPTIONS

**BY FAX:** 216-987-0639 (Currently out of order)  
Credit card or department purchase order only

**SCAN TO EMAIL:** LTraining@tri-c.edu  
Credit card or purchase order only

**IN PERSON (BY APPOINTMENT):**  
Credit card, purchase order, check or money order  
KeyBank Public Safety Training Center  
11000 Pleasant Valley Road  
Parma, OH 44130

**BY MAIL\*:**  
Credit card, purchase order, check or money order to:  
Cuyahoga Community College  
KeyBank PSTC, ATTN: Rachael Sedlak  
11000 Pleasant Valley Road  
Parma, OH 44130-5113

\*Tri-C is not responsible for lost or misdirected mail

## REGISTRATION INFORMATION

**APPLICANTS WILL NOT RECEIVE NOTIFICATION OR CONFIRMATION.**

### REGISTRATION/CANCELLATION DEADLINES

Police Agility Exam, Written Cognitive and/or Pre-Screening Psychological Assessments each have deadlines of 4 p.m. the Wednesday prior. All other Advanced Training courses have deadlines of 10 business days prior to start.

### REFUND POLICY

Full refunds issued if cancellation received prior to deadline listed above. No refunds thereafter.

### PARKING

Free parking available in front and back lots of KeyBank Public Safety Training Center on Western Campus.

### DIRECTIONS TO CAMPUS

Exit I-71 at Bagley Road and go east  
Exit I-77 at Pleasant Valley Road and go west  
Exit Ohio Turnpike at Exit 10 to I-71 N  
Located at corner of Pleasant Valley and York Roads

## PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle Initial

Social Security #

Address \_\_\_\_\_  
Number Street Apt No.

City State Zip County

Home Phone   
Area Code

Cell Phone   
Area Code

Email \_\_\_\_\_

Have you ever been convicted of a sex-related offense or a violent crime against a minor? Yes No

Have you been convicted of a sexual offense in the past 15 years? Yes No

Are you required to register as a sexual offender? Yes No

Date of Birth   
Month Day Year

Student ID **S**

The College is required to collect Social Security numbers to comply with federal and state requirements. Once you have been admitted as a student, a Tri-C ID number will be generated. This number begins with the letter "S" followed by eight randomly generated numbers. You will use this ID to register for classes and access your grades and other student information.

|        |        |              |     |    |
|--------|--------|--------------|-----|----|
| Gender | Male   | U.S. Citizen | Yes | No |
|        | Female | Veteran      | Yes | No |

### Ethnic Background:

|                      |  |
|----------------------|--|
| BLACK                | AMERICAN INDIAN OR ALASKAN                     |
| WHITE (NON-HISPANIC) | ASIAN, PACIFIC ISLANDER OR INDIAN SUBCONTINENT |
| HISPANIC             | OTHER  |

## EMPLOYMENT INFORMATION

Complete this area if you are a new student or if any information has changed.

Department Name \_\_\_\_\_

Address \_\_\_\_\_  
Number Street Apt No.

City State Zip County

Home Phone   
Area Code

Cell Phone   
Area Code

## PAYMENT INFORMATION

Bill Department  
(Attach P.O. or Third-Party Authorization Form)

Check or Money Order  
(Enclosed and payable to Cuyahoga Community College)

### IMPORTANT PAYMENT INFORMATION

Effective July 15, 2014, a 2.4% service fee will apply to all payments made by credit card for Cuyahoga Community College credit and noncredit tuition, fees and other student account charges.

| COURSE NO. | COURSE TITLE | START DATE | FEE |
|------------|--------------|------------|-----|
|            |              |            |     |
|            |              |            |     |
|            |              |            |     |
|            |              |            |     |
|            |              |            |     |
|            |              |            |     |

Signature (required) \_\_\_\_\_ TOTAL \_\_\_\_\_





## Cuyahoga Community College Third-Party Authorization

Please circle the correct office and return at time of registration.

Student Accounting  
2500 E. 22nd St.  
Cleveland, OH 44115  
Fax: 216-987-4724  
Attn: Sponsor Accountant

Workforce Training  
2415 Woodland Ave.  
Cleveland, OH 44115  
Fax: 216-987-3210  
Attn: Customer Service Specialist

Corporate College®  
4400 Richmond Road  
Warrensville Hts., OH 44128  
Fax: 216-987-5514  
Attn: Client Liaison

KeyBank Public Safety  
Training Center  
7029 Homewood Ave.  
Parma Heights, OH 44130  
Fax: 216-987-0639  
Attn: Program Assistant

Company/Agency Name \_\_\_\_\_

Billing Address/Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Company Federal Tax ID (please provide W-9) \_\_\_\_\_ Company/Agency PO# \_\_\_\_\_

Please check the term:      Noncredit      Fall 20 \_\_\_\_\_      Spring 20 \_\_\_\_\_      Summer 20 \_\_\_\_\_

Please list students the Company/Agency is sponsoring for the term selected above and the maximum amount of charges to be billed. If the Company/Agency is paying a % of costs, indicate the % to be billed to the Company/Agency. If additional space is needed, please attach a list of students on Company/Agency letterhead.

| Student ID | Student Name | Course | CRN*  | Authorized Tuition Amount | Authorized Materials and Fees |
|------------|--------------|--------|-------|---------------------------|-------------------------------|
| _____      | _____        | _____  | _____ | _____                     | _____                         |
| _____      | _____        | _____  | _____ | _____                     | _____                         |
| _____      | _____        | _____  | _____ | _____                     | _____                         |
| _____      | _____        | _____  | _____ | _____                     | _____                         |
| _____      | _____        | _____  | _____ | _____                     | _____                         |

**Total No. Students** \_\_\_\_\_

*\*If no CRN restriction, put "All."*

**Total Authorized Amount \$** \_\_\_\_\_

### Terms and Conditions

- Pay invoice within 30 days of invoice date.
- All College registration and refund policies apply to this contract.
- Sponsor is responsible for student's tuition, fees and books regardless of employment status.
- Sponsor is responsible for any charges for courses started but not completed.
- Sponsor is responsible for all charges regardless of grade(s) received.
- If student grades are required, sponsor must send a copy of a release form, signed by sponsored student, that authorizes the College to release grades directly to the sponsor.
- No student account, financial aid or academic information will be released without a signed FERPA waiver authorizing the College to release such information to the Company/Agency.
- The College will apply any federal or state financial aid (Pell, SEOG, OCOG, etc.) to student account(s) prior to billing the Company/Agency. Payment from the Company/Agency will be applied before any institutional or outside scholarships. If this policy conflicts with your Company/Agency policy, please attach a letter of explanation detailing of how to apply Company/Agency funds.
- Sponsors will be charged at the tuition rate that is applicable to the students' residency status.
- Any authorization accepted in lieu of this form, PO/Voucher/LOI, the sponsor must provide all required above information and agree to the terms and conditions on this form.
- **All unpaid sponsor balances will be remitted to the Ohio Attorney General's office for collection efforts.**

**The Company/Agency hereby agrees to the terms and conditions as stated above.**

Company/Agency Authorizing Name (if different from above) \_\_\_\_\_

Company/Agency Authorizing Name (if different from above) \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_