

# REGISTRATION AND RELEASE FORM

NATIONAL CENTER  
FOR CONSTRUCTION  
EDUCATION AND RESEARCH



**Important:** Type or print legibly. Any inaccuracies on this form may be reflected on student and instructor transcripts and training records.

**Sponsor Name:** \_\_\_\_\_

Check One:       Student       Instructor

Name: \_\_\_\_\_

Social Security #:    \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Job Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

I hereby authorize the NCCER Registry Department to verify information in my training records to Sponsor Representatives upon request. I release and hold harmless the National Center for Construction Education and Research for this verification process.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## \*OPTIONAL

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**\*NOTE:** To be entered in NCCER's National Training Registry, you must complete this Registration and Release Form. This form must either be forwarded by your Sponsor to NCCER's Registry Department, or the Sponsor may choose to maintain the Release Forms locally and provide the Registry with written notification of Trainees or Instructors, including their names and social security numbers. This written notification must include the signature of the Sponsor Representative or other authorized Officer of the Sponsors.

**Return to:** NCCER – Accreditation Department  
P.O. Box 141104 • Gainesville FL 32614-1104 • 352-334-0911 • Fax 352-334-0932  
3600 NW 43<sup>rd</sup> St. • Blg. G • Gainesville FL 32606



# Construction Trades Application

Thank you for your interest in Grand Rapids Community College.  
Please photocopy this form as necessary. When complete, fax this form to GRCC at (616) 234-3017.

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>M.I.</b>	<input type="checkbox"/> Fall 20 _____
			<input type="checkbox"/> Winter 20 _____
			<input type="checkbox"/> Summer 20 _____
<b>STUDENT NUMBER</b>	<b>SOCIAL SECURITY NUMBER</b>	<b>BIRTH DATE (Month/Day/Year)</b>	<b>GENDER</b>
			<input type="checkbox"/> Male
			<input type="checkbox"/> Female

**HOME ADDRESS:**

<b>PREDOMINANT ETHNIC BACKGROUND</b> <small>(Used for reporting purposes only.)</small>	<input type="checkbox"/> African-American	<input type="checkbox"/> Asian/Oriental	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Certified American Indian/Alaskan Native (tribal card)	<input type="checkbox"/> White/Non-Hispanic

<b>NUMBER</b>	<b>STREET NAME</b>	<b>APT. NUMBER</b>

<b>CITY</b>	<b>HOME PHONE (With Area Code)</b>

<b>STATE</b>	<b>ZIP CODE</b>	<b>E-MAIL ADDRESS</b>	<b>SCHOOL DISTRICT RESIDENCY CODE</b> <small>(School District you live in)</small>	<small>(See below)</small>

<b>LAST SCHOOL ATTENDED</b>	<b>LAST DATE ATTENDED, OR DATE OF GRADUATION/GED</b> <small>(Month/Year)</small>

**SCHOOL DISTRICT RESIDENCY CODES**

Byron Center . . . . . BC	Kenowa Hills . . . . . KH
Caledonia . . . . . CA	Kent City . . . . . KC
Cedar Springs . . . . . CS	Kentwood . . . . . KW
Comstock Park . . . . . CP	Lowell . . . . . LW
East Grand Rapids . . . . . EG	Northview . . . . . NV
Forest Hills . . . . . FH	Rockford . . . . . RF
Godfrey Lee . . . . . GL	Sparta . . . . . SP
Godwin Heights . . . . . GH	Thornapple-Kellogg . . . . . TK
Grand Rapids . . . . . GR	Wyoming . . . . . WY
Grandville . . . . . GV	Out of District . . . . . IS
Kelloggsville . . . . . KV	Out of State . . . . . OS

<b>EMPLOYER</b>	
Company Name	Phone
Address	
Contact Name	

COURSE NUMBER	COURSE TITLE	COURSE CODE	START DATE	DAY(S)	TIME	ROOM	COST

<b>I CERTIFY THE INFORMATION ON THIS APPLICATION IS TRUE</b>	
Signature _____	Date _____

## Grade and Attendance Information Release Form

I \_\_\_\_\_ authorize the Construction Trades Office and Grand Rapids Community College to release my grades, current college transcripts, and attendance information to my employer or their representative on request and at the end of each semester for the purpose of assessing my related instruction performance.

This release will be valid until revoked at my request or until I am no longer employed by this company.

Signature \_\_\_\_\_ Date \_\_\_\_\_

---

I hereby revoke the above grade and attendance authorization.

Signature \_\_\_\_\_ Date \_\_\_\_\_



151 Fountain Street NE  
Grand Rapids, Michigan 49503-3263  
616-234-3660 Fax 616 -234-3533

## Apprentice Related Instruction

### GRADE & ATTENDANCE INFORMATION RELEASE FORM

Date \_\_\_\_\_

Student's Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

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

Company Name \_\_\_\_\_ (ABC) \_\_\_\_\_

I, \_\_\_\_\_ authorize the Apprenticeship office and Grand Rapids Community College to release my grades, current college transcripts, and attendance information to my employer or their representative on request and at the end of each semester for the purpose of assessing my related instruction performance.

This release will be valid until revoked at my request.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby revoke the above grade and attendance authorization.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_