



Parent/Legal Signature Form

Records Office
Oregon Road • P.O. Box 10,000 • Toledo, Ohio 43699-1947
1-800-GO-OWENS, Ext. 7378 • Fax: (567) 661-2101

Semester and Year for which applying: _____ Fall (August) _____ Spring (January) _____ Summer (May/June) Year _____

Have you previously attended Owens Community College? _____ Yes _____ No

Campus: _____ Toledo-area _____ Findlay-area

What program of study are you entering? _____

PERSONAL DATA

Your Social Security Number is confidential and protected by both federal and state laws. The college will protect this number from unauthorized disclosure and/or use. In compliance with state and federal regulations/laws, disclosure may be authorized for the purposes of state and federal reporting.

OCID: _____

Social Security Number: _____ - _____ - _____

Gender: _____ Male _____ Female

Birth Date: (MM/DD/YYYY) _____ / _____ / _____

Please print your name exactly as it appears on legal documents: (Last Name, First Name, Middle Name, Jr./Sr./III, etc).

Last _____ First _____ Middle _____

Please print any former names:

PERMANENT MAILING ADDRESS (include apartment number or lot number if applicable):

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Nation: _____

Home Phone: () _____ Cell Phone: () _____

Email: _____

AGREEMENTS AND AUTHORIZATION

The information given above is complete and accurate to the best of my knowledge. I understand that misrepresentation of facts on this application or submission of fraudulent information will be cause for refusal of admission, cancellation of admission, or dismissal from the College. The College reserves the right to revoke any degree, diploma, or certificate that may have been awarded in reliance on information contained in the application for admission if it subsequently transpires that the information was a fraudulent misrepresentation of fact. I will be responsible to pay all tuition, fees, interest, expenses, and collection costs incurred. Delinquent accounts will be forwarded to the Ohio Attorney General's Office for actions, as required by the Ohio Revised Code. Students who are pursuing degrees or certificates leading to application for professional licensure or certification, and/or who will be participating in clinical placements, internships, or practica through their program, should be aware that their host facility may require a criminal background check, finger printing, or drug screening. In such situations, each student may be responsible for obtaining and paying for the background check or other screening process and for delivering required documentation to the facility. Although the College will make reasonable efforts to place admitted students in field experiences and internships, it will be up to the host facility to determine whether a student will be allowed to work at that facility. Students shall be aware that a criminal record may jeopardize licensure by the State certification body. Students should consult the certification body corresponding to their intended occupation for more details. Successful completion of a program of study at the College does not guarantee licensure, certification, or employment in relevant occupation. By signing this application, I agree to abide by all policies, regulations, and procedures of the College. I understand this application will not be processed until I have signed on the line below.

Print Student Legal Name _____ Student Signature _____ Date _____

Print Parent or Legal Guardian Name _____ Signature _____ Date _____

Owens Community College promotes equal opportunity regardless of age, color, disability, national origin, race, religion or sex.