

Note: This is an authorization only. The student must still register for these modules.

STUDENT CONFIDENTIALITY, GRADES, AND SCHEDULE ADJUSTMENTS (DROPS)	LAST NAME, FIRST NAME, MIDDLE INITIAL			DATE OF BIRTH		
	CURRENT PHONE			KCC ID NUMBER (K-ID)		
	<p>I understand that as a sponsored student my company/agency may require access to confidential information as a condition of sponsorship. I understand that by completing this form I am agreeing to release the following information:</p> <ul style="list-style-type: none"> • Attendance records, which may include sign-in sheets or time clock reports. • Academic integrity, which may include misuse of the time clock or cheating. • Academic hardship, which may include excessive difficulties with certain areas of study such as math and reading. <p>Further, I understand that as a sponsored student my company/agency may require access to my grades. I understand that by completing this form, I am agreeing to release a progress report which will include module start dates, completion dates, and grades (pass or incomplete). I understand that this release of information will remain in effect for this semester's information and data.</p> <p>I understand that, if I do not complete courses, I am responsible for contacting my instructor prior to the end date of the semester to see if incomplete grades can be granted and if so, to complete a contract with them.</p> <p>By signing this form, I agree and accept the terms as stated above.</p>					
	STUDENT SIGNATURE			DATE		

PROGRAM INFORMATION	PROGRAM NAME			COMPANY PROGRAM ID#		STUDENT MUST PUNCH TIME CLOCK AT RMTC <input type="checkbox"/> YES <input type="checkbox"/> NO	
	SEMESTER AND YEAR Fall 20 ____ Spring 20 ____ Summer 20 ____ (choose only one)				DOL (DEPT. OF LABOR) REGISTERED APPRENTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	MODULE SUBJECT CODE AND NUMBER:	MODULE SUBJECT CODE AND NUMBER:	MODULE SUBJECT CODE AND NUMBER:	MODULE SUBJECT CODE AND NUMBER:	MODULE SUBJECT CODE AND NUMBER:		
	1)	3)	5)	7)	9)		
	2)	4)	6)	8)	10)		
Students will register for modules per this authorization.							

BILLING AND SPONSOR APPROVAL	<p>1. New students must complete a Program Orientation module for each program of study (INEL, INMT, etc.).</p> <p>2. Billing authorizations are due when the student is ready to register for a set of modules. Please allow five business days for the authorization to be processed.</p> <p>3. Each semester, sponsored students must complete the KCC registration process online or in person. Students will be invoiced directly for any registration activity outside the scope of this authorization.</p> <p>4. The company/agency will be invoiced for all registered modules. Students must meet with their instructor prior to the end of the semester if they will have unfinished modules, in order to request "I" (Incomplete) grades. If approved by the instructor, they will do an incomplete contract with student. If an incomplete contract is not completed, the student will receive "N" (No Credit) grades and will not have a time extension to complete them.</p> <p>5. All modules at the RMTC are competency-based. Students do not complete modules or earn a "Pass" grade until they achieve the minimum competency level established for the module (80%, 90%, or 100%). Competency levels are clearly stated in each syllabus.</p> <p>6. By returning this billing authorization form, the sponsor is authorizing KCC to invoice the company/agency for training costs incurred by the student for the modules listed above.</p>						
	COMPANY/AGENCY NAME						
	STREET				PHONE		
	CITY		STATE	ZIP	FAX		
	AUTHORIZED BY (SIGNATURE)				EMAIL		
	PRINTED NAME				TITLE		DATE

Return this form to: Kellogg Community College / E-Mail rmtc@kellogg.edu / Fax: (269) 962-7370 / Phone: (269) 965-4137

STAFF USE ONLY	X06	STSP	NEW STUDENT	TIME CLOCK



450 North Avenue, Battle Creek, MI 49017-3397 PHONE 269 965 3931 WEB www.kellogg.edu

AUTHORIZATION FOR THE RELEASE OF STUDENT INFORMATION

Student educational records are maintained in compliance with the Family Educational Rights and Privacy Act (FERPA), which is a Federal law that is administered by the Family Policy Compliance Office in the U.S. Department of Education. Kellogg Community College academic records are maintained in compliance with this Act.

TO WHOM IT MAY CONCERN:

I, _____, hereby authorize Kellogg Community College to release and/or orally discuss the education records described below about me to: **Designated representatives at my company – Human Resources, direct supervisors, and company leadership.**

The specific records covered by this release are: **My student course history, as sponsored by the company listed, on the reverse/first page of this document – the Sponsored Student Billing Authorization form.**

The persons to whom the information may be released, and their representatives, may use this information for the following purposes: **Purposes as outlined in individual company policies.**

I understand that the student records information listed above includes information which is classified as private under the federal Family Education Rights and Privacy Act, 20 U.S.C. 1232(g). I understand that by signing this Informed Consent Form I am authorizing Kellogg Community College to release to the persons named above, and their representatives, information which would otherwise be private and not accessible to them. I understand that without my informed consent, Kellogg Community College could not release the information described above because it is classified as private.

I understand further that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; (3) and that this consent shall remain in effect for 1 academic year unless a written revocation is received, but that any such revocation shall not affect disclosures previously made by Kellogg Community College prior to the receipt of any such written revocation. This information is released subject to the confidentiality provisions of FERPA, which prohibits any further disclosure of this information without the specific written consent of the person to whom it pertains.

I am giving this consent freely and voluntarily and I understand the consequences of my giving this consent.

Date of Birth _____

Last 4-digits of SSN _____

Dated: _____

Signed: _____

BOARD OF TRUSTEES

Steven A. Claywell
Chair

Jill M. Booth
Vice Chair

Jonathan D. Byrd
Secretary

Matthew A. Davis
Treasurer

Xenia C. McKay
Trustee

Patrick A. O'Donnell
Trustee

Carla C. Reynolds
Trustee

Adrien L. Bennings, PhD
President