Post-Secondary Student AGREEMENT FORM

Please carefully read and complete each section below:



○ FT

Session (choose one):

OAM OPM

Student N	ame:				
Program:		 			

Please read the following carefully before signing. This is a legally binding document. Internet access is available to all students and instructors at Eastern Oklahoma County Technology Center (EOC Tech). We are pleased to provide this access to the school, and believe the Internet offers vast, diverse, and unique resources to all students and instructors. This service is provided by the school with no guarantee or reliability of service. It is also understood that the Internet contains materials that will be illegal, defamatory, inaccurate, or offensive to some people. In spite of these potential problem areas, we feel that the good from the Internet access far outweighs the disadvantages. The EOC Tech staff will do everything possible to restrict access to inappropriate areas of the Internet. Ultimately, it will be the responsibility of Internet users themselves to follow set standards, and to display appropriate ethical behavior in all areas of Internet use. The signature(s) at the end of this document are legally binding, and indicate that the individual(s) who have signed have read the terms and conditions and understand(s) their significance.

Acceptable use – The purpose of NSFNET, which is the backbone of the Internet, is to support research and education in and among academic institutions of the U.S. As such, the following items must be complied with:

- Use of the Internet must comply with the educational objectives of the school and the class.
- Use of other organization's networks or computing resources must be in compliance with that organization's rules, as well as the rules of EOC Tech.
- Unacceptable use of the Internet will include the transmission or receiving any material which is in violation of local, state, or national laws, to include copyrighted material, material produced by trade secret, and threatening or obscene material. The viewing of anything obscene is nature will also apply.
- It is not permissible to use the Internet access for product advertisement, political lobbying, or commercial activities.
- At no time should the Internet be used in such a way to disrupt the use of the network by another user. This is to include destruction or altering data, equipment, or other networks attached to the Internet. Knowingly transmitting or receiving a virus or virus authorizing software is expressly forbidden.
- All users are expected to abide by the general accepted rules of network etiquette. Be polite, use appropriate language, do not reveal personal addresses or phone numbers of others, and remember that all communications across the Internet are assumed to be private, but are not guaranteed to be private.

Privileges – The use of the Internet is a privilege, not a right. Inappropriate use will result in the loss of these privileges. Individuals designated by EOC Tech staff will deem what is inappropriate, and their decision will be final. EOC Tech may suspend, deny, or revoke user access by users who do not follow established rules.

Warranties – EOC Tech makes no warranties of any kind, expressed or implied, for the service it is providing. EOC Tech will not be responsible for any damages you suffer. This includes the loss of data resulting from delays, nondeliveries, misdeliveries, or service interruptions caused by its own negligence or your errors or omissions. Use of any information obtained via this school's internet access is at your own risk. EOC Tech specifically denies any responsibility for the accuracy or quality of information obtained through this service.

Exceptions of Terms and Conditions – All terms and conditions in this document are applicable to Eastern Oklahoma County Technology Center and to its service providers. These terms and conditions reflect the entire agreement of the parties and supersede all prior oral or written agreements of the understanding parties. These terms and conditions shall be governed and interpreted in accordance with the laws of the state of Oklahoma, and the United States of America.

Post-Secondary Student AGREEMENT FORM

eoctech.edu

Date:

Please carefully read and sign each section below:

Internet Access Agreement

I understand and will abide by the terms and conditions for Internet access. I further understand that any violation of these regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary and/or appropriate legal action may be taken.

User Signature: _____

Print Full User Name: _____

Model Release

I hereby grant EOC Technology Center and their representatives, the irrevocable and unrestricted rights to use and publish photographs of me, or in which I may be included, for editorial, trade, advertising, and any other purpose and any manner and medium; to alter the same without restrictions; and to copyright the same. I hereby release EOC Tech and their legal representatives, successors, and assigns from all claims and liability to said photographs.

Student Signature: _____ Date: _____

Information Release

I authorize EOC Tech Center to release information on my behalf. The purpose is to provide possible employers information that will assist my efforts of finding employment. Information may include instructor evaluation, resume, competency profile, attendance and grade records, and/or other school information. I grant EOC Tech Center the right to request and forward student high school transcripts for EOC Tech Center use and/or any college alliance partners (Rose State College, OSU-IT, and OSU-OKC) for admittance.

Print Full Name:	DOB:
Student Signature:	Date:

Text Alerts

Please select one of the following regarding school reminders, closures, and emergencies:

O I opt to receive text messages from EOC Tech

O I choose not to opt in at this time

Student Signature: _____

Date:

Eastern Oklahoma County Technology Center does not discriminate on the basis of race, color, national origin, sex/gender, age, disability, or veteran status in its programs or activities. For inquiries concerning this policy contact Dr. Brent Casey, at Eastern Oklahoma County Technology Center, 4601 N. Choctaw Rd., Choctaw, OK 73020. Tele: (405) 390-9591 Email: bcasey@eoctech.edu

Post-Secondary Student

CONFIDENTIAL INFORMATION FORM

Please carefully read and complete each section below:



			Sessior	n (choose	e one):
Student Name:			ОАМ	OPM	() FT
Program:		Date of Birth:			

These questions are voluntary. If you choose to assist us, this information will be used for statistical purposes only (in compliance with state and federal reporting). The information you provide will be kept confidential.

Are you, or your family, eligible for or receiving any of the services from the following agencies or programs:

- _____ Benefits under the Food Stamps Act
- _____ Free and reduced-priced meals under the National School Lunch Act
- _____ Survivors benefits from Social Security (SSI)/Aid to Dependent Children
- _____ Disability benefits from Social Security/Title I of the Elementary and Secondary Education Act
- _____ Financial help from one or more of the following:
 - Department of Rehabilitation Services
 - Veterans Affairs
 - FAFSA (Pell Grant)
 - Workforce Investment Act (WIA)
 - __ Department of Human Services
- _____ TANF
- _____ Single Parent
- _____ Foster Child Services
- _____ AITEP (American Indian Training & Education)
 - Through which Tribe?_____

English Language Familiarity – please check any of the following that apply to you:

- _____ I learned English as my first language and it is the main language I use throughout the day
- _____ The first language I learned was a language OTHER THAN English
- _____ A language other than English is the main language spoken in my home
- _____ Since English is not my first language, I have difficulty speaking, reading, writing or understanding it

Please initial any of the following that apply to you (the student):

- _____ I am homeless
- _____ I am in Foster Care
- _____ I am Active Duty Military

Post-Secondary Student CONFIDENTIAL INFORMATION FORM



Please carefully read and complete each section below:

Please inital one of the following:

____ I need accommodations for the following disability (please list all that apply):

I acknowledge that accommodations are available to me, but at this time exercise my right not to request them. If they are needed in the future, I understand that I can contact Student to develop an accommodation plan.

I have the following condition(s) that requires medication on a regular basis: Diagnosis: ______ Medication: _____

Several occupations require certifications or licensure which may be denied if a felony record exists. In addition, all employment and most internships require a background check. The main purpose of attending EOC Technology Center is to prepare you for gainful employment, so it is important that this barrier not stand in your way. If there is any reason that you know a background check would produce a barrier to you being employed, please explain in the space provided.

All student must answer this question:

PLEASE NOTE: EOC Tech reserves the right to access state records to obtain information.

• Have you ever been convicted of or plead guilty to a felony? Yes _____ No _____

If yes, please list offense(s):

Student Signature and Date

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MEDICAL RELEASE FORM

Please carefully read and complete each section below:

Student Name:

Session (choose one): OAM OPM OFT

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Program:

In the event of an emergency, it is understood that consent is given in advance for any diagnosis or treatment required while the student is participating in EOC Technology Center activities and that this Medical Release Form authorizes designated school personnel to exercise their best judgement should action be warranted to ensure student's safety, life, and health. This form should be signed and will be kept with designated school personnel during EOC Technology Center activities.

In the space provided, describe what should be done in case of an emergency if religious beliefs prohibit any emergency medical attention for accident, sickness, or injury: ____

General Information: Allergies to food, medication, other Specific Medical Problems Date of last tetanus Physical handicaps or limitations Other (please be specific)					
Current Medications: Name of medication(s) Prescribing Physician & Phone					
Insurance Information (will be used only in case of an emergency): Insurance Company Name	Group Number				
Emergency Contact: Person Relationship Work Telephone Home Telephone Employer and Phone					
Alternate Emergency Contact: Name Work Telephone Employer and Phone	Home Telephone				
 I hereby give my consent to receive immediate medical treatment as required in the judgement of the attending physician. Notify my emergency contact as soon as possible. I do not give permission for medical treatment until my emergency contact has been notified. 					
Student Signature:	Date:				

Post-Secondary Student