



Community Education and Workforce Development
705 Gurley Ave, Calvin Hall Suite 167
Gallup, New Mexico 87301
gallup.unm.edu/ce
Phone: 505-863-7511
Fax: 505-863-7739

Date App Received	
Orientation Date	
DWI Awareness Class	
Funding Source	
Financial Approval Verified	
Certificate Rec'd	
Payment Rec'd	

STUDENT FIRST NAME	M.I.	LAST NAME	STUDENT EMAIL		
STUDENT BIRTH DATE		Last 4 SS#	PARENT/GUARDIAN E-MAIL NAME (IF UNDER 18)		
PARENT/GUARDIAN EMAIL (IF UNDER 18)			CLASS TERM		
MAILING ADDRESS			CELL PHONE #	GENDER	ETHNICITY
			EMERGENCY CONTACT PERSON & PHONE#		
CITY	STATE	ZIP			

I WISH TO REGISTER FOR THE COURSES LISTED BELOW AND ACCEPT ALL FINANCIAL RESPONSIBILITY

COURSE TITLE	COURSE FEE
TOTAL	

- ☐ I accept full responsibility for any fees accrued for registration of classes offered through the Community Education and Workforce Development program (Personal Enrichment courses, workforce training courses, community education courses, etc.). **NO REFUNDS**
- ☐ Yes, I give permission for the use of photographic portraits or pictures of student or artistic work in which may be included intact or in part, composite or distorted in character or form.
Please fill out a 'Model Release' Form.
- ☐ No, I do not give permission for the use of photographic portraits or pictures of student or artistic work in which may be included intact or in part, composite or distorted in character or form.

Student Signature

Date

Parent/Guardian (If under 18 years) Signature

Date



STUDENT INFORMATION RELEASE PROXY

Completed form must be presented to the UNM Gallup
Community Education and Workforce Development
Office, Calvin Hall 167 – Phone: 505.863.7738

I, (print name) _____, hereby give consent to the University of New Mexico to release records and other information covered by the Family Rights and Privacy Act of 1974 (FERPA). I understand that by signing this form, my records and information can be released with my knowledge to the individual(s) listed below. The individual(s) have access to my information for the (training name) _____ Community Education Class or Workforce Development Training. I understand this release cannot exceed one academic year in length.

STUDENT SIGNATURE

ID#

DATE

The individual(s) listed below have access to records and information maintained by the offices listed below.

- ☐ **Gallup CDL Training** – registration documents (license, driving record, etc), timesheets, progress reports, grades, testing results, Certificates, other certifications, and all other documents that pertain to supporting records for CDL licensure training.
- ☐ **Navajo Nation Workforce Development** – registration documents (license, driving record, etc), timesheets, progress reports, grades, testing results, Certificates, other certifications, and all other documents that pertain to supporting records for financial support for trainings.
- ☐ **New Mexico Workforce Connection** – registration documents (license, driving record, etc), timesheets, progress reports, grades, testing results, Certificates, other certifications, and all other documents that pertain to supporting records for financial support for trainings.
- ☐ **Other** _____
- ☐ Registration documents ☐ Timesheet ☐ Certificates ☐ other certifications
- ☐ Progress Reports, Grades, Testing Results ☐ All Documents in my file
- ☐ Other (must be specified below)

The information maintained by the office(s) selected above may be released to the following individual(s):

Printed Name

Relationship to Student

The student must present this form to the Office of UNM-Gallup Community Education and Workforce Development with a valid state or federally issued photo ID. If the form is faxed, mailed or submitted by someone other than the student, it MUST BE NOTARIZED in the space below.

For Office Use Only

Received by: _____

Date: _____

Type of ID: _____

Mailing to: UNM-Gallup Community Education and Workforce Development
705 Gurley Ave., Calvin Hall, Suite 167
Gallup, NM 87301