



SEIU UHW-WEST & JOINT EMPLOYER
EDUCATION FUND

SEIU UHW-West & Joint Employer Education Fund

CRT to RRT Program Eligibility Form

Email to CorporateReg@coastline.edu

or Fax (714) 241-6270

Must be submitted prior to registration

Student's Name: _____ Employer ID # _____

Coastline Student ID or Last 4 digits of SSN#: _____ Date of Birth: _____

Email address: _____ Phone Number: _____

____ (Initial) I hereby authorize the release of my educational records, including but not limited to enrollment status, grades, attendance, course progress and assignment status, course schedule, graduation date and academic progress, to the SEIU UHW-West & Joint Employer Education Fund or Coastline designee under the provisions of the Family Educational Rights and Privacy Act of 1974 for the period of time while I am participating in the Corporate/Contract Education Programs at Coastline Community College. Those organizations and agencies to which my information may be given are prohibited by law from using it for any unauthorized purpose or from subsequently releasing it to anyone else.

____ (Initial) I understand that to remain eligible for Education Fund funding, I must meet with my Education Fund Program Coordinator every term and I must pass all of my classes. Students who do not pass their class may be denied support by the Education Fund for subsequent classes. If you fail or withdraw from an Education Fund-sponsored class check with your Education Fund Program Coordinator before registering for another class.

____ (Initial) I understand that a financial obligation is incurred on my student account if I remain in courses after the refund deadline. I will be personally responsible for any outstanding financial obligation due to Coastline Community College if the SEIU UHW-West & Joint Employer Education Fund does not authorize or submit final payment on my behalf.

Signature of Student _____ Date _____

The information below is to be completed and signed by an Education Fund Program Coordinator.

 I _____ certify that the above named student has made contact
 (Typed or Printed name of Education Fund Program Coordinator)
 with me and is eligible to participate in the CRT to RRT Program at Coastline Community College.

 Signature of Education Fund Program Coordinator

 Date

 Email Address

 Phone Number