



NAME (print please) \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

ADDRESS Street (please include complete address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE (cell) \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_

EMAIL \_\_\_\_\_

Male: _____	Female: _____	White <input type="checkbox"/>	Black <input type="checkbox"/>	Spanish <input type="checkbox"/>	Other <input type="checkbox"/>
Birthdate: _____		Asian or Pacific Island <input type="checkbox"/>		American Indian or Alaskan Native <input type="checkbox"/>	
<b>Used for MSCTC reporting purposes only</b>					

**ACTIVITY DESCRIPTION**

SECTION	NO.	TITLE	DAYS
For Office Use Only	CJ248NC	Local Corrections Officer Academy (160 hours)	06/2-06/06 06/09-06/13 06/16-06/20 06/23-06/27

**FEES\*\***

Academy Program (160 hours)*	\$1500	Payment to Alpena Community College:      Check <input type="checkbox"/> Invoice <input type="checkbox"/>
Housing at Alpena Community College Apartments needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	\$450	Total Payment due at ACC upon check-in, by check or credit card only. Intent to use housing at ACC (Yes or No) is needed at time of registration. "Hotel-style, check-in, check-out" is not available. Housing commitment is for Sunday night through Thursday night. 4-person occupancy per 4 bedroom/2 bath townhome.

\*Contact us for details if 96 hour re-entry Academy is needed.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION TO INVOICE**

**PLEASE INVOICE FOR ACADEMY PROGRAM:**

COUNTY / AGENCY \_\_\_\_\_ SHERIFF NAME \_\_\_\_\_ ATTN: \_\_\_\_\_

ADDRESS STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

**Submit by May 5 Lisa Blumenthal ([blumentl@alpenacc.edu](mailto:blumentl@alpenacc.edu)) by email, fax (989-358-7562), or mail. Mailing address is below: Alpena Community College**  
 Attn: Lisa Blumenthal  
 665 Johnson Street  
 Alpena, MI 49707

## Registration Form Corrections Academy

### **MEDIA RELEASE**

I hereby consent to and authorize the use and reproduction by Alpena Community College, or anyone authorized by Alpena Community College, of any and all photographs, digital images, videotapes, and other recordings of myself for use by Alpena Community College, its employees, officers and agents for promotional purposes.

I consent to and authorize Alpena Community College or anyone authorized by Alpena Community College, to copyright and/or use, reuse and/or publish, republish all photographs, digital images, videotapes and other recordings of me in conjunction with my own name. I also give permission for these photographs, digital images, videotapes, and other recordings to be used in their entirety and/or edited versions as deemed necessary by Alpena Community College (to include usage of images on ACC websites).

I understand that these photographs, digital images, videotapes, and other recordings may be used for marketing purposes (including web and television) by Alpena Community College. I have read the foregoing release, authorization and agreement, before signing below, and warrant that I fully understand the contents thereof.

\_\_\_\_\_  
*Participant's Signature*

\_\_\_\_\_  
*Date*

### **ACCESS-AMERICANS WITH DISABILITIES ACT**

It is the policy of Alpena Community College (ACC) to comply with Section 504 of the Rehabilitation Act of 1973, as amended, and with the Americans with Disabilities Act of 1990 (ADA). These acts provide for equal opportunity for students with disabilities in educational activities, programs, and facilities. ACC is committed to affording equal opportunity to persons with disabilities by providing access to its programs, activities, and services. View the complete policy at [https://discover.alpenacc.edu/terms\\_and\\_policies/quality\\_assurance/americans\\_with\\_disabilities.php](https://discover.alpenacc.edu/terms_and_policies/quality_assurance/americans_with_disabilities.php).

It is the responsibility of the participant/student to make known, in a timely manner, the need for any accommodation or auxiliary aids. If you have a disability that will affect your ability in this or any other class, contact the Dean of Students, Nancy Sequin, VLH 109, (989) 358-7212, E-mail: [sequinn@alpenacc.edu](mailto:sequinn@alpenacc.edu)

### **EQUAL OPPORTUNITY/NON-DISCRIMINATION**

The College policies and practices for admission, employment and activities comply with requirements of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, Section 504 of the Rehabilitation Act of 1973 as amended, the Age Discrimination in Employment Act of 1967 (ADEA), the Americans with Disability Act (ADA) of 1990 and the ADA Amendments Act of 2010; Title II of the Genetic Information Nondiscrimination Act of 2008. The College does not discriminate on the basis of race, color, religion, national origin, gender, sex, age or disability. The College practices and policies also comply with the Michigan Persons with Disabilities Civil Rights Act (PDCRA) and the Michigan Elliott-Larson Civil Rights Act (ELCRA) which prohibits discrimination in hiring based on age, height, weight and marital status and familial status in addition to race, color, religion, sex (which includes pregnancy) and national origin.

For more information contact the Title IX, Section 504, the Age Discrimination Act and Title II coordinator, Melissa Guy, VLH 102, (989) 358-7211, E-mail: [guym@alpenacc.edu](mailto:guym@alpenacc.edu).