



DIRECTOR REGISTRATION

Type of Director: School Financial Aid Admissions Education Other: _____

School Name			
School Address	City	State	Zip + 4

Name of Director	Date of Birth	*Social Security #
Email address	Home Phone (include area code)	
Home Address	Alternate Phone (include area code)	
City	State	Zip Code + 4

List qualifying history and dates (attach full resume also)

Directors must have at least two years of full time experience in either school or business administration, or other experience directly related to their duties within the school's organization, within the past 5 years.

Employer Name, Address, and Telephone Number	DATES OF EXPERIENCE	
	FROM	TO
Position 1:		
Job Title & Duties:		
Position 2:		
Job Title & Duties:		

(Attach separate sheets if more space is needed.)

Have you ever been convicted of a crime other than a minor traffic violation?

Yes No

If "yes," attach explanation on separate sheet. (OAR 715-045-0012(12))

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.*

Signature Title

Printed Name Date

*****Social Security Number Requirement, Authority, and Disclosure Statement***

As part of your application for an initial or renewed registration as a teacher, director, or agent for a licensed private career school, as issued by the Higher Education Coordinating Commission, Office of Private Postsecondary Education, you are required to provide your Social Security Number (SSN) to the Commission as part of the application process. ORS 25.785 and 42 USC § 666(a)(13)

Your SSN will be stored in the Commission's electronic database using the highest level of encrypted security protocols. It will be provided on a quarterly basis to the Oregon Department of Justice through secured electronic means for the purpose of enforcing child support orders. Your SSN will not be printed or displayed in any public forum through any medium unless expressly required by state or federal law.

Failure to provide your SSN will be a basis for the Higher Education Coordinating Commission, Office of Private Postsecondary Education, to refuse to issue or renew a license or registration as described above.

Any other use or disclosure of your SSN will require your written authorization.

For further information or assistance please contact

Office of Private Postsecondary Education
Phone (503) 947-5716 or Email Info.PPS@state.or.us