



Agent Registration

“Agent” means an individual who is employed by or for a career school, or is working on behalf of the school under a contract, for the purpose of actively procuring students, enrollees or subscribers of the school by solicitation in any form that is made at a place or places other than the school office or place of business of the school [ORS 345.010(1)]

Please attach a photocopy of the agent’s school issued photo credentials (i.e. badge), as described in OAR 715-045-0061(6).

*The School does not employ any agents.
 (If this box is checked, only signature of director is required.)*

School Name	
Address	
Agent’s geographic area	
Date of employment	

Agent Information

Applicant Name		Date of Birth	**Social Security #
E-Mail Address		Home Phone <i>(include area code)</i>	
Home Address		Alternate Phone <i>(include area code)</i>	
City	State	Zip Code + 4	

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

Yes No

If answer is “yes,” attach explanation on separate sheet OAR 715-045-0012(13).

I hereby certify the above information is true and correct to the best of my knowledge.
I AM AWARE THAT IF ANY STATEMENT MADE HEREIN HAS BEEN MISREPRESENTED, MY REGISTRATION
AS AN AGENT MAY BE SUSPENDED OR REVOKED

Print Agents Name	Signature of Agent	Date
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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.

Submitting the registration

You may mail your registration to:

Higher Education Coordinating Commission

Office of Academic Policy and Authorization

PCS Licensing Unit

3225 25th Street SE Salem, OR 97302

For questions you may contact the HECC at (503) 947-5716 or info.pps@state.or.us