REGISTRATION FORM

ALCOHOL EDUCATION PROGRAM FOR MINORS

NAME _____ GENDER M / F
First M.I. Last (Circle One)

STREET ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER (_____)_____ GRADE COMPLETED _____

COLLEGE LEVEL: Fresh/ Soph/ Jr /Sr

DATE OF BIRTH _____/_____/_____ SOC. SEC. # _____
month / day / year

STATE/DR. LICENSE # _____

JUDGE'S NAME OR COURT_____

OFFENSE: MIP ___ DUI ___ PI ___ OTHER __

CONFIDENTIALITY STATEMENT

I understand that information about me and my progress in the alcohol education program may be used for an annual report to the Department of State Health Services, research purposes (without identifying me), and may be shared with the court. I hereby authorize such use with the further understanding that this information will otherwise be held confidential and not released to other individuals or agencies for any reason without my signed consent. This consent may be revoked at any time, but is necessary for class participation.

_____ _____
Student Signature Date

_____ _____
***Parent Signature Date

***** Persons under the age of 16 must be accompanied by a parent or legal guardian at the time of registration and have written permission of a parent or legal guardian to take the course.**