

Electrician Trainee Enrollment Verification Request Form

Fill out this form and email as a **.PDF** attachment to Tedde Titus at titus@LBCC.edu

Please verify the information is correct prior to sending.

In the subject line of the email put

'Enrollment Verification Request Form - Your last name - Your first name'.

Driver's License # _____ DL State _____
(or)
State ID# _____ ID State _____ Birthdate: _____
MM/DD/YYYY

Name: _____ Student ID: _____
(Print Clearly) First MI Last

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____ City: _____

Supervisor's Name: _____ Work Phone: _____

I understand that in order to maintain my status as an Electrical Trainee, I must remain enrolled in my classes and continue attendance in my classes. If I miss two classes in a row or 20% of the class sessions, I will be dropped. I also understand that LBCC will notify the Division of Labor Standards Enforcement that I have dropped my classes and that I am no longer eligible to remain employed as an Electrical Trainee. *AB1087 SEC 4 Section 3099.4*

Student's Signature

Date

(Instructor's name)

Elect: _____
(Class)

Select only one of the following:

New Registration Form

Renewal of Registration Form. Must provide current ET#.

ET#: T _____

Reinstatement Form. Must provide current ET#.

ET#: T _____