

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)]

| | |
|---------------------------------|--|
| School Name: | |
| Address: | |
| Agent’s geographic area: | |
| Date of employment: | |

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

Agent Information:

| | | | |
|-----------------------|--|----------------------------|--|
| Agent Name: | | | |
| Agent Address: | | | |
| Email address: | | | |
| Date of Birth: | | *Social Security #: | |
| Home Phone: | | Alternate Phone | |

For HECC to process this application, you *MUST* attach a photocopy of the agent’s school issued photo credentials (i.e. badge), as described in OAR 715-045-0061(6).

Have you ever been convicted of a crime other than a minor traffic violation? Yes No
 If “yes,” explain below or attach explanation on separate sheet. [OAR [715-045-0012](#) (12)]

I am aware that if any statement made herein has been misrepresented, my registration as an agent may be suspended or revoked.
I hereby certify the above information is true and correct to the best of my knowledge.

| | | |
|------------------------------|------------------------------|-------------|
| Print Agent’s Name | Signature of Agent | Date |
| Print Director’s Name | Signature of Director | Date |

Submitting the registration:

Please mail this form to the
Higher Education Coordinating Commission:
Office of Private Postsecondary Education
3225 25th St. SE
Salem, OR 97302

***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.