



TSA Associates Program
Registration and Eligibility Form

Email to TSA@coastline.edu
or Fax 714.241.6270

This form may only be utilized by students participating in the TSA Associates Program.

Student's Name: Airport:

Coastline Student ID or Last 4 digits of SSN#: Date of Birth:

Email address: Phone Number:

(Initial) I hereby authorize Coastline Community College to register me in the Spring 2017 course(s) listed below:

Table with 4 columns: EMGT C102\* (Introduction to Homeland Security), EMGT C172 (Intelligence Analysis and Security Management), EMGT C174 (Transportation and Border Security), EMGT C110 (Continuing Ed Course Emergency Response)

\*(Initial if EMGTC102 checked) I understand that EMGTC102 may be cancelled by TSA due to low enrollment. If it is cancelled, I authorize Coastline to enroll me into EMGTC172.

(Initial) I hereby authorize the release of my educational records, including but not limited to MyCCCD email address, enrollment status, grades, attendance, course progress, assignment status, graduation date and academic progress, to the Transportation Security Administration, SBG Technology Solutions, or Coastline designee under the provisions of the Family Educational Rights and Privacy Act of 1974...

(Initial) I understand that in order to enroll in future semesters, I must meet the criteria set forth by the TSA Associates Program, including successfully completing the courses in which I enroll. Students who do not pass their classes according to TSA standards ("C" or better) may be denied subsequent enrollment...

(Initial) I understand that to enroll in future classes for the TSA Associates Program, I will be required to consult with my Airport Education Coordinator every semester to ensure that I continue to meet TSA Associates Program eligibility requirements.

Signature of Student Date

Physical Signature Required

THIS APPLICATION IS CONSIDERED A LEGAL DOCUMENT AND WILL BECOME A PERMANENT PART OF YOUR RECORD. FALSIFICATION OF THIS DOCUMENT MAY BE CAUSE FOR DISMISSAL AND OTHER LEGAL ACTION AS DEEMED APPROPRIATE.

The section below is to be completed and signed by an Airport Education Coordinator.

I certify that the above named student has made contact with me and is eligible to participate in the TSA Associates Program and may enroll at Coastline Community College in the course identified above.

Signature of Airport Education Coordinator

Date

Airport

Phone Number