THURSDAY, JUNE 22, 2017 | 6:30 – 8:30 PM
TULSA TECH – HEALTH SCIENCES CENTER @ LEMLEY MEMORIAL CAMPUS, ROOM 3117

Gain information about newborn and infant crying patterns, inconsolable crying (The Period of Purple Crying®), soothing techniques and strategies to prevent Abusive Head Trauma and Shaken Baby Syndrome

The event is free, but you must register with Tulsa Tech by calling (918) 828-5000 or by completing the attached enrollment form and sending it to info@tulsatech.edu.

Formal Training – .2 CEU’s

AGENDA:

6:30 – 6:35 pm .......... Announcements, Introductions, and Overview
6:35 – 8:20 pm .......... Presenter: Mildred Ramsey
8:20 – 8:30 pm .......... Audience Questions & Closing Remarks

CONTACT:

Teresa Berg | teresa.berg@tulsatech.edu

SPONSORED BY:

TulsaTech.edu

MAKE YOUR OWN PATH
Name: ___________________________________________       ___________________________    __________________________________
First                                                                                 MI                               Last
SS# (Last 5 digits required): ____________________________________________ Gender:   ☐ Male   ☐ Female
Home Address: ___________________________                                                                                           
City: ___________________________ State: ___________________________ Zip: ___________________________ 
Home Phone: (______) ______-___________ Bus Phone: (____) ______-_________ Cell Phone: (____) ______-________ 
Date of Birth: ___________________________ E-Mail: _______________________________________________________
Mo             Day          Year
RACE:  
☐ (AN) American/Alaska Native                                          ☐ (AS) Asian
☐ (BL) Black or African American                                      ☐ (HP) Hawaiian Pacific Islander
☐ (WH) White
ETHNIC:  
☐ (HIS) Hispanic/Latino                                              ☐ (NHS) Non-Hispanic/Latino
EDUCATIONAL LEVEL:  
☐ Less than a High School Diploma                                         ☐ High School Graduate/GED
☐ Some College                                                        ☐ Technical Diploma/Technology Education
☐ Associate’s Degree                                                ☐ Bachelor’s Degree
☐ Master’s Degree                                                ☐ Doctoral Degree
☐ Other ___________________________

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Term</th>
<th>Course#</th>
<th>Sec#</th>
<th>Campus</th>
<th>Date</th>
<th>Time</th>
<th>Day(s)</th>
<th>Tuition</th>
<th>Fees</th>
<th>√</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Crying: A Trigger for Child Abuse</td>
<td>Summer</td>
<td>FACS-4087</td>
<td>S160</td>
<td>HSC</td>
<td>6/22</td>
<td>6:30-8:30P</td>
<td>TH</td>
<td>$0</td>
<td>$0</td>
<td>---</td>
</tr>
</tbody>
</table>

Signature ____________________________________________ Date___________
FERPA STUDENT RECORDS RELEASE FORM

It is the policy of Tulsa Technology Center (Tulsa Tech), in accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA) to withhold personally identifiable information contained in our students’ educational records, unless the student has consented to disclosure or FERPA allows disclosure. A description of these rights and the procedure for exercising these rights can be viewed on the District’s website, tulsa-tech.edu and is available in the office of the Campus Director.

I, ____________________________________________, authorize Tulsa Tech to release the following educational records or information:

1. Check all record types that may be disclosed:
   - [ ] All financial records
   - [ ] All academic records
   - [ ] All enrollment records
   - [ ] All disciplinary records

2. Identify the individual or organization to whom information may be released and the purpose of the disclosure:

a. Name: The Parent Child Center of Tulsa
   Address and Telephone: 1421 S. Boston, Tulsa OK 74119, 918-599-7999
   Purpose: ________________________________________________________________

b. Name: _________________________________________________________________
   Address and Telephone: _________________________________________________
   Purpose: ________________________________________________________________

My signature indicates my consent to release the above information to the individual(s)/organization(s) designated above. I understand that this release remains in effect until a signed revocation is delivered to the administrative office where the release is on file. I also understand that if I am a dependent for tax purposes, Tulsa Tech can disclose such information to parents and legal guardians without my consent.

Signature: _________________________________ Date: _________________________

Received by: __________________________________________ Date: _________________
Campus: ________________________________________________