

**Ben Hudnall Memorial Trust Eligibility
Certification Form**

Scan and email to CorporateReg@coastline.edu
or Fax (714) 241-6270

Must be submitted prior to registration

Student's Name: _____ National User ID (NUID)#: _____

Date of Birth: _____ Phone Number: _____

Email address: _____ Last 4 digits of SSN#: _____

Kaiser Facility: _____ Kaiser Region: _____

____ (Initial) I hereby authorize the release of my educational records, including but not limited to enrollment status, grades, and academic progress, to the Ben Hudnall Memorial Trust or Coastline designee under the provisions of the Family Educational Rights and Privacy Act of 1974 for the period of time while I am participating in the Corporate/Contract Education Programs at Coastline Community College. Those organizations and agencies to which my information may be given are prohibited by law from using it for any unauthorized purpose or from subsequently releasing it to anyone else.

____ (Initial) I understand that a financial obligation is incurred on my student account if I remain in courses after the refund deadline. I will be personally responsible for any outstanding financial obligation due to Coastline Community College if the Ben Hudnall Memorial Trust does not authorize or submit final payment on my behalf.

____ (Initial) I understand that I am responsible for establishing an Academic Plan with Coastline before the beginning of my 3rd session to remain eligible for the Coastline Degree Completion Program.

____ (Initial) I understand that to remain eligible for BHMT funding, I must meet with a BHMT Representative at least one time each term.

Signature of Student _____ Date _____

(Physical Signature Required)

The information below is to be completed and signed by a Ben Hudnall Memorial Trust (BHMT) Representative.

I _____ certify that the above named student has made contact
(Typed or Printed name of Ben Hudnall Memorial Trust Representative)
with me and is authorized to be a part of the Degree Completion Program at Coastline.

Signature of BHMT Representative

Date

Email Address

Phone Number