## OFFICE OF HIGHER EDUCATION 450 Columbus Boulevard, Suite 707, Hartford, CT 06103

## DESIGNATION OF AGENT OF SERVICE AND KEEPER OF RECORDS

Name and Address of Hospital-Based School:	
Name and Title of Authorized Official:	
Name and Title of School's Agent of Service:	
_	
Address of School's Agent of Service:	
(Agent of Service – contact person responsible fo Education)	r all communication with the Office of Higher
A. STATEMENT O	F AGENT DESIGNATION
Director, Secretary, etc.] of the above school do h	she will be available at all times at the address noted
	e the school's agent of service, I shall immediately submission of a new DESIGNATION OF AGENT OF
SIGNATURE OF AUTHORIZED OFFICIAL: _	DATE:
	NT OF AGENT DESIGNATION
I hereby acknowledge that I am the designated ag	ent of service for School and agree to comply with all the
requirements.	
SIGNATURE OF DESIGNATED AGENT:	DATE:

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## C. MAINTENANCE OF RECORDS

- (a) A hospital-based school shall maintain, preserve and protect, in a manner approved by the Executive Director of the Office of Higher Education, or the Executive Director's designee, all school records including, but not limited to: (1) Student or academic transcripts; (2) attendance records; (3) copies of individual enrollment agreements or contracts; (4) evidence of tuition payments; and (5) any other documentation as prescribed by the Executive Director.
- (b) The Executive Director, or the Executive Director's designee, may at any time during regular business or school hours, with or without notice, visit a private occupational school. During such visitation, the Executive Director, or the Executive Director's designee, may request an officer or director of the school to produce, and shall be provided with immediate access to, such records or information as are required to verify that the school continues to meet the conditions of authorization.
- (c) If a school ceases to operate as a hospital-based school, it shall keep the Executive Director advised in writing as to the location and availability of student records or shall file all such records with the Executive Director.

(d) Ind	icate method of student record preservation:	
	Fire proof safe	yes no
2.	Computer maintenance (disk, CD, hard drive)	yes no
3.	Evidence of sprinkler system in the school	yes no
4.	Other (indicate)	<del>.</del>
present 	owledge I have read, understand and agree to maintain all ted statute and will comply as required.	
SIGNA	ATURE OF THE KEEPER OF RECORDS	DATE
 Printed	Name	

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