

Complete all information and print clearly. Student data on this form is **CONFIDENTIAL**.

Course: \_\_\_\_\_  
Course Title \_\_\_\_\_ Course ID - Section# - Class# \_\_\_\_\_ Start Date / End Date \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Colleague ID: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street/P.O. Box City State Zip Code

County of Residence: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Home: \_\_\_\_\_ MM/DD/YYYY Minors need release

Phone: Cell: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Please check:** Sex: Female Male  
Ethnicity: Hispanic/Latino Non-Hispanic/Latino  
Race: American/Alaska Native Asian Black or African American Hawaiian or Pacific Islander White  
Employment Status: Full time Part-time Retired Unemployed-Not Seeking Unemployed-Seeking  
Military/Veteran Status: Active Veteran/Retired Reserve Branch: Army Air Force Marines Navy Coast Guard  
Highest Education Level: Completed Grade: 1 2 3 4 5 6 7 8 9 10 11 12/(HS Graduate)  
GED Adult HS Diploma 1-yr Vocational Diploma Associate Bachelor's Master's or Higher

**Public Safety Fee Waiver Confirmation**

*Required for Fire/EMS/DPS/Law Enforcement*

My signature attests that I am actively affiliated with the public safety agency listed and that I hold the job classification indicated.

Agency/Dept.: \_\_\_\_\_

Job:  LE Officer  Detention Officer  
 Firefighter-Vol. Agency Named In EOP  
 Firefighter-County/State/Municipal Agency  
 EMS Responder-Volunteer Agency  
 EMS Responder-County/State/Municipal Agency  
 Emergency Management Personnel  
 NC Military Installation: Fire EMS EOP  
 Other - Public School Employee, NCDPS, etc.  
Provide Specific Job Title \_\_\_\_\_

**Authorization to Release Information**

*Required for Fire/EMS/DPS/LE; may apply to others*

My signature below authorizes the College to release information regarding my grades and enrollment to (check all that apply):

affiliated agency/department listed above  
 oversight agency (e.g., OSFM, DPS, OSHA, NCCER)  
 my employer: \_\_\_\_\_

**My signature below authorizes that registration fees will be paid before the initial start of class.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Registration Fee Refunds**

Additional provisions of the refund policy, including those regarding self-support classes and student fees are available upon request.

**HRD Tuition and Fee Waiver Verification**

*(for HRD Students)*

I am currently unemployed.  
I have received notification of a pending layoff.  
I am working and eligible for the Federal Earned Income Tax Credit.

**For Office Use Only**

RGN by (initials)	Date	Year & Term
Registration Fee	or <input type="checkbox"/> Flat rate	\$ _____
Other Fee Type: _____		\$ _____
Other Fee Type: _____		\$ _____
	Total	\$ _____
Waiver/Bill to: _____		
Books: _____	Insurance: _____	Check #: _____
Credit Card: _____	3rd Party: _____	Other charges: _____