

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

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: _____