

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: _____