



## Registration Form

Course Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Start Date: \_\_\_\_\_

Course End Date: \_\_\_\_\_

College ID#: \_\_\_\_\_ *(Leave blank if unknown)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/State/Zip

Date of Birth: \_\_\_\_\_  
Month Day Year

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### 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

Highest Education:  High School Graduate or GED  Bachelor's Degree  
 Associate Degree  Master's Degree or Higher

### Military Status:

Active  
 Reserve  
 Discharged  
 Retired

Employment:  Full Time  Part Time

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

### Statement of Authorization

*By my signature, I hereby authorize Wake Technical Community College to release my course information, attendance, and/or grade information to the sponsor of payment.*

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