

## REGISTRATION / AUTHORIZATION TO BILL – PUBLIC SAFETY

*Forms received after 4:30 pm will be processed the next business day*

<b>STUDENT INFORMATION</b>	<b>COMPANY INFORMATION</b>
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*Required*

*Complete if your company is covering tuition cost*

CPCC requires the student Social Security number for internal reporting purposes. Great care is given to safeguarding this sensitive information.			
Name		Authorizing Name & Title	
Social Security Number or Student ID		Company Name	
Home Mailing Address		Billing Address	
City, State, Zip		City, State, Zip	
Home Phone		Company Phone	
Work Phone		Company Fax	
Work E-Mail Address		Company Email (For Invoicing)	

Sex:  Male  Female     
 Veteran:  Yes  No     
 Race:  White  Black  Native American  Hispanic  Asian  Other

Date of Birth \_\_\_\_\_  
 Highest Year of School Completed \_\_\_\_\_

High School   
  Associate's   
  Bachelor's   
  Master's   
  Other

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you a sworn law enforcement officer?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you work for a governmental agency? <small>(If "Yes" complete the agency name &amp; job title)</small>	Agency Name: _____ Job Title: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is your permanent duty station in NC <small>(If it's a Federal Agency)</small>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently a supervisor?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the class(es) job related?	

### CLASS INFORMATION

*\*Note: Check schedule for the refund policy that applies to your classes*

(Internal Use Only)

	Course & Section #	Start Date	Tuition		*Fees (CAPS, Tech & Lab Fees)	Total
<b>Example:</b>	BUS 7116-01	01/01/2007	\$350.00		\$12.00	\$362.00
1 <sup>st</sup> Class	_____	_____	_____		_____	_____
2 <sup>nd</sup> Class	_____	_____	_____		_____	_____
3 <sup>rd</sup> Class	_____	_____	_____		_____	_____
4 <sup>th</sup> Class	_____	_____	_____		_____	_____
5 <sup>th</sup> Class	_____	_____	_____		_____	_____

An invoice for the full amount of all course fees noted above will be generated and sent electronically to the designated email address.

Authorizing Signature \_\_\_\_\_ Print Name \_\_\_\_\_