

# HACC Official Enrollment Form (Noncredit Courses Only)

Mail to: HACC, One HACC Drive, Harrisburg, PA 17110-2999.

(\* Asterisks designate required information. Incomplete or inaccurate information may delay or prevent registration. Please print.

\* HACC ID \_\_\_\_\_ \* Full Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Previous Name(s) Used \_\_\_\_\_

\* Home Street Address \_\_\_\_\_

\* City \_\_\_\_\_ \* County \_\_\_\_\_ \* State \_\_\_\_\_ \* Zip \_\_\_\_\_

\* Work Phone \_\_\_\_\_ \* Home Phone \_\_\_\_\_ \* Cell Phone \_\_\_\_\_ \* Other Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

HACC provides its students with a generated identification number. Your Social Security Number and Date of Birth may be used for student ID verification.

\* Indicate the last 4 digits of your Social Security Number \_\_\_\_\_ \* Date of Birth (MM/DD/YYYY) \_\_\_\_\_

* Section Number	* Start Date	* Course Title	* Cost

\* I require special accommodations for accessibility:  Yes  No \* Total

\* Pennsylvania Resident:  Yes  No

\* I hereby certify that the above information is true to the best of my knowledge.

\* Your Signature Here (Required for Enrollment)

**Personal Information:** (Used for statistical purposes and will not be used to determine admission.)

**Gender:**  Male  Female

**Ethnicity:** (Check one)  Hispanic/Latino  Non-Hispanic/Latino

**Race:** (Check all that apply)  American Indian/Alaskan Native  Native Hawaiian/Other Pacific Islander  Asian  
 White  Black/African American

Are you taking this course at the request of your employer?  Yes  No

Do you anticipate being reimbursed by your employer?  Yes  No

**Method of Payment:**  Credit Card (see below)  Check or Money Order (payable to HACC)

I, (print name as it appears on credit card) \_\_\_\_\_ authorize

Harrisburg Area Community College to charge \$ \_\_\_\_\_ to my  VISA  MasterCard

Account Number \_\_\_\_\_ Expiration Date (MM/YY) \_\_\_\_\_

Authorized Signature \_\_\_\_\_