

# HACC Official Enrollment Form (Noncredit Courses Only)

Mail to: Noncredit Cashier, HACC Harrisburg Campus, One HACC Drive, M-272, Harrisburg, PA 17110-2999

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

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

\* 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) \_\_\_\_\_

\* I require special accommodations for accessibility:  Yes  No

\* Pennsylvania Resident:  Yes  No PA Drivers License Number \_\_\_\_\_

\_\_\_\_\_  
 \* Signature (Required for Enrollment) / I hereby certify that the above information is true to the best of my knowledge.

* Section Number	* Start Date	* Course Title	* Cost

**Optional Questions** \* Total

Sex:  Male  Female

Ethnic Background:  American Indian/Alaska Native  Asian or Pacific Islander  
 Black/African American  Hispanic  White (Non-Hispanic)

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 \_\_\_\_\_ Exp. Date (MM/YY) \_\_\_\_\_

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