



HARRISBURG AREA COMMUNITY COLLEGE

Noncredit Registration with Permission to Bill

This form may be reproduced

FOR INTERNAL USE ONLY
APPROVAL TO BILL
DATE: _____
INITIALS: _____
VENDOR ID _____
DETAIL CODE: _____

To:
 HARRISBURG AREA COMMUNITY COLLEGE
 SHUMAKER PUBLIC SAFETY CENTER
 ONE HACC DR
 HARRISBURG PA 17110

717-780-2510 OR
 800-222-4222 x2510

FAX TO: 717-780-2643
 OR E-MAIL: SPSCINFO@HACC.EDU

BILL TO:
 SPONSOR: _____
 ADDRESS: _____
 CITY _____
 STATE PA ZIP CODE _____
 PHONE _____
 FAX _____
 E-MAIL _____

(if applicable) SPONSOR P.O.#

REQUEST

(required signature) AUTHORIZED BY:

TITLE _____

DATE _____

This letter serves as authorization to bill the above Sponsor for the following individual(s) to attend the course(s) listed below. Attach and initial additional pages, if needed. SPONSORING ORGANIZATION IS RESPONSIBLE FOR PAYMENT UNLESS HACC IS NOTIFIED OF STUDENT NONATTENDANCE AT LEAST THREE BUSINESS DAYS BEFORE CLASS START.

Name	Student ID	Birth Date	M <input type="checkbox"/> F <input type="checkbox"/>
Home Mailing Address (required)	Phone	E-Mail Address	
City	State	Zip	<input type="checkbox"/> Pennsylvania Resident <input type="checkbox"/> Requires accessibility accommodations
Course Title	Date	Section #	Cost

Name	Student ID	Birth Date	M <input type="checkbox"/> F <input type="checkbox"/>
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City	State	Zip	<input type="checkbox"/> Pennsylvania Resident <input type="checkbox"/> Requires accessibility accommodations
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