REGISTRATION INFORMATION

Easy Ways to Register

ONLINE/E-Mail

Please e-mail this form to policetrng@hacc.edu - you will receive confirmation of receipt within 24-48 hours

MAIL OR WELCOME CENTER:

Please mail your completed enrollment form with check or money order to HACC, Attn: PLEC 106 , One HACC Drive, Harrisburg, PA 17110.

Please do NOT mail credit card information.

If you choose to register in person, please bring the completed enrollment form and tuition payment to the Piccola Law Enforcement Training Center. We accept Visa, MasterCard, Discover, check or money order.

Welcome Center Contacts

Phone: 717-780-2593

HACC's Gettysburg Campus
731 Old Harrisburg Road
Gettysburg, PA 17325

HACC's Harrisburg Campus
One HACC Drive
Harrisburg, PA 17110

HACC's Lancaster Campus
1641 Old Philadelphia Pike, Main 218A
Lancaster, PA 17602

HACC's Lebanon Campus
735 Cumberland St.
Lebanon, PA 17042

HACC's York Campus
2010 Pennsylvania Ave.
York, PA 17404

HACC's Workforce Development and Continuing Education Enrollment Form

* Asterisks designate required information.

HACC ID (if known): _____ **Social Security Number:** _____

***Date of Birth:** _____

***Last Name:** _____

***First Name:** _____ ***Middle Initial:** _____

***Address:** _____

***City/State/ZIP:** _____

***County:** _____

***Primary Phone:** _____ ***Cellphone:** _____

***Email Address:** _____

***Are you a Pennsylvania resident?** ☐ Yes ☐ No

***Is English your primary language?** ☐ Yes ☐ No ***Legal Gender:** ☐ Male ☐ Female

Section Number	Start Date	Course Title	Cost
		*Total	

Payment is due at time of registration

Optional Information

The following questions are optional. By answering them, you will help HACC provide the widest scope of student services possible. Your responses are confidential and not used to determine admissions.

Race: *(Please check all that apply.)*

☐ American Indian/Alaska Native
☐ Asian
☐ Black/African American
☐ Native Hawaiian/Other Pacific Islander
☐ White

Ethnic Origin: Are you of Hispanic, Latino(a) or Spanish origin? ☐ Yes ☐ No

Gender Identity: *(Please select your preferred pronouns.)*

☐ He, Him ☐ She, Her ☐ They, Them ☐ Rather not say

Are you an individual with a disability? ☐ Yes ☐ No

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

☐ By selecting the "I agree" button, I am signing this document electronically. I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document. By selecting "I agree" using any device,means, or action, I consent to the legally binding terms and conditions of this document. I further agree that my signature on this document is as valid as if I signed the document in writing. I am also confirming that I am authorized to enter into this Agreement.

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