

WORKFORCE DEVELOPMENT AND CONTINUING EDUCATION REGISTRATION FORM

Last Name _____ First _____ MI _____ Date of Birth (month/date/year) ____/____/____ Social Security Number _____

Mailing Address _____ City _____ State _____ Zip Code _____ E-Mail Address _____ Home Phone Number _____ Work Phone Number _____

Residency Status: Texas Resident (I certify that I have lived in TX for the last 12 months) Non-Resident of TX (What state are you a resident of? _____)
 Foreign (What country are you a citizen of? _____)

Quarter: I (Sept. 1 - Nov. 30) II (Dec. 1 - Feb. 28) III (March 1 - May 31) IV (June 1 - Aug. 31) Year: _____

Name of Course	Course #Prefix & Section	Days	Time	Start Date	End Date	Contact Hours	Building/ Room #	Cost

Family Education Rights and Privacy Act of 1974: The following statement concerning student records maintained by Laredo Community College is published in Compliance with the Family Education Rights and Privacy Act of 1974. The release of information to the public without the consent of the student will be limited to that designated as directory information. Directory information includes name, address, telephone number, date of birth, field of study; enrollment status (full-time, part-time, undergraduate, graduate, etc); degrees, certificates and other awards received; type of award received (academic, technical, Tech-Prep, or continuing education); dates of attendance; student classification; and name of institution previously attended. Any student objecting to the release of such information must notify the Admissions/ Registration Office in writing and the restriction will remain in effect until revoked by the student. **Eligible Students under TWC:** I authorize Laredo Community College to release all information necessary, including my name and Social Security number, to the Texas Workforce Commission (TWC), for purposes of tracking employment and wages. This compiled employment and wage information will be provided only to local Workforce Development Boards and will not be released to any other organization or person without my written approval. I understand that the release of these records is required to meet federal program reporting requirements in the process of securing funding for certain qualified students enrolled in Continuing Education Workforce programs and will be kept strictly confidential.

Signature _____ Date _____

*Effective July 1, 2002, all students must initially complete questions 1 through 4. Subsequent changes to this information can be made as needed. Please keep your information current each year.
Please check one: (for Federal, State and Local Reporting Purposes)

1. Highest level of education: No high school Some high school High school diploma/GED Associate's Bachelor's Degree Graduate/Professional Degree
2. Ethnic Background: Hispanic White, Non-Hispanic American Indian or Alaskan Native Black, Non-Hispanic Asian or Pacific Islander Non-Resident Alien/Foreign National Other
3. Gender: Male Female
4. Family's gross taxed and untaxed income? Less than \$20,000 \$20,000 - \$39,999 \$40,000 - \$59,999 \$60,000 - \$79,000 more than \$80,000

*This information is voluntary and will be used in a nondiscriminatory manner, consistent with applicable civil rights laws. This information will be used for federal, state and/or local law reporting purposes only and will not be used in any admission or assistance decisions.

If you wish to pay with credit card, please follow steps 1 through 3:
 1. Complete form and fax to the Admissions/Registration Office at (956) 721-5493.
 2. Call the Admissions/Registration Office at (956) 721-5421, to process registration form in system.
 3. Call the Business Office at (956) 721-5112, to provide the following credit card information:
 Name on Card, Type of Card, Expiration Date, Account Number, and Amount Charge.
Important: Student is NOT considered registered until course has been paid for.

If you wish to pay by mail, please follow steps 1 through 4:
 1. Complete and mail form with check or money order, payable to LCC.
 2. Form and check/money order must be mailed at least 5 working days before the first class day.
 3. Mail to the attention of the Admissions/Registration Office at the address mentioned below.
 4. Write: Check/Money Order #: _____ Amount Enclosed: \$ _____
Important: Student is NOT considered registered until course has been paid for.