

Test Date	Social Security Number



PLEASE PRINT CLEARLY

NAME (LAST, FIRST, MIDDLE)		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH
PERMANENT MAILING ADDRESS			
CITY	STATE	ZIP CODE	EMAIL ADDRESS
HOME PHONE	DRIVER'S LICENSE NUMBER	STATE ISSUED	HIGHEST EDUCATION LEVEL COMPLETED <input type="checkbox"/> HIGH SCHOOL DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> ASSOCIATE'S DEGREE <input type="checkbox"/> BACHELOR'S DEGREE <input type="checkbox"/> MASTERS DEGREE <input type="checkbox"/> DOCTORATE/ J.D.
CELL PHONE	ETHNICITY: <input type="checkbox"/> HISPANIC <input type="checkbox"/> NON-HISPANIC <input type="checkbox"/> PACIFIC ISLANDER <input type="checkbox"/> BLACK/AFRICAN-AMERICAN <input type="checkbox"/> WHITE/CAUCASIAN <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> ASIAN		
I AM REGISTERING FOR THE <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> CORRECTIONS/DETENTION <input type="checkbox"/> CORRECTION/PROBATION FBAT. THIS IS MY <input type="checkbox"/> FIRST <input type="checkbox"/> SECOND <input type="checkbox"/> THIRD <input type="checkbox"/> FOURTH <input type="checkbox"/> FIFTH <input type="checkbox"/> SIXTH ATTEMPT. <i>(Note: Applicants must wait at least six months from the date of the last examination before applying for a fourth, fifth, or sixth attempt.)</i>			
I AM: <input type="checkbox"/> SELF-SPONSORED <input type="checkbox"/> CIVIL SERVICE REQUIREMENT		UPON COMPLETION, TEST WILL BE PAID BY: <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER	

Hillsborough Community College is an equal access/equal opportunity employer that makes employment and education-related decisions without regard to race, color, gender, religion, national origin, age, disability or marital status or any other bias that is or may be prohibited by law. In addition, the college does not discriminate in our employment practices or in the admission and treatment of students. HCC is committed to equitable treatment of all students and employees, and to working towards a learning/working environment free of discrimination and harassment for current as well as future students and employees. HCC provides equal educational opportunities to qualified individuals with disabilities, complying and fully supporting the Americans with Disabilities Act.

CERTIFICATION ♦♦ READ CAREFULLY

My signature below certifies that I am scheduling myself to take the Florida Basic Abilities Test at Hillsborough Community College. I hereby authorize Hillsborough Community College to release my name, address, date of birth, social security number, gender, race/ethnicity, education level, FBAT test title & form, FBAT scores, test dates and times, and any other pertinent information to the Florida Department of Law Enforcement, my employing law enforcement/correctional/correctional probation agency, or any other governmental agency requiring information.

PRINTED NAME	SIGNATURE	DATE

Privacy Act Information: The Florida Department of Law Enforcement (FDLE) has asked you to provide your Social Security Number (SSN). The decision to provide this information is yours; however, failure to do so may result in a delay in processing your application or request. If you choose to provide your Social Security Number, FDLE will use it for purposes of identification, and may share this information with other agencies for the same purpose. FDLE's request for your SSN is authorized by Florida Statutes, as it is imperative for the performance of their duties and responsibilities, pursuant to §119.071(5)(a)2.a.II.