PSAV Registration

Last Name:

PLEASE PRINT CLEARLY



M.I.:

PLEASE FILL OUT AND MAIL THIS FORM WITH CORRECT PAYMENT TO ADDRESS BELOW.

NOTE: Please do not attempt to register for this course through a College Admissions Office. All Registrations must be mailed to the address below to the Ybor Campus Campus Training Center.

HILLSBOROUGH COMMUNITY COLLEGE ATTN: BENJAMIN WHITESIDE 5610 EAST COLUMBUS DRIVE TAMPA FL 33619 813-253-7611

and are never released to unauthorized parties.

NOTE: ATTENDANCE ON THE FIRST CLASS DATE IS MANDATORY

First Name:

Jate of Birth: _	/_		SSN:		Gender: 🗖 Ma	ale 🗖 Female
\ddress:			City, State, Zip:			
elephone: (_)	Email:			
□ White	e, Non-Hispa □Asian o	anic (1) or Pacific Isla	The following is information required American Indian/Alaskan Inder (2) Classification Courting Court	by the U.S. Office of Native (3) □Black, Nor	Education: Hispanic (5) n-Hispanic (4)	
Course Prefix/Number	Section Number	Course Title	Dates	Days	Campus	Course Fee
	58978	Process Server	May 17-20 (Mon-Thu 6:00pm-10:00pm) May 22-23 (Sat-Sun 8:30am-5:00pm)	6:00pm-10:00pm 8:30am-5:00pm	ZOOM ONLINE AND ALSO IN- PERSON at YCTC	\$214.00 Check or Money Order only
CJD 8808		Course				
CJD 8808		Course				
l ote : Refunds must	enalty of per	for no later th	an the second day of this course. This registration hable by law as a misdemeanor under § edge and belief.			contained on this form are

regulatory agencies. The HCC Admissions Office must collect student SSNs for federal reporting purposes. All SSNs are protected by Family Educational Rights and Privacy Act (FERPA)