PSAV Registration

PLEASE PRINT CLEARLY



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 brought (appointment is needed) or sent to Benjamin Whiteside at Ybor 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

| Last Name: | | | First Name: | | | M.I.: | |
|---|----------------------------|------------------------------|--|--|---|--|--|
| Date of Birth: _ | | | SSN: | | Gender: 🗆 Ma | ale 🗆 Female | |
| Address: | | | (| City, State, Zip: | | | |
| Telephone: (_ | |) | Email: | Email: | | | |
| □ White | e, Non-Hispa □Asian o | anic (1) or Pacific Isla | The following is information required American Indian/Alaskan nder (2) Bonds Surety Agent Course | l by the U.S. Office of E Native (3) ☐Black, Nor | Education: Hispanic (5) n-Hispanic (4) | | |
| Course Prefix/Number | Section Number | Course Title | Dates | Days | Campus | Course Fee | |
| SCY 0010 | 54631 | | JULY 9, 10, 11 JULY 16, 17, 18 JULY 23, 24, 25 JULY 30, 31, AUGUST 1 NOTE: ALL CLASS TIMES YOU MUST BE IN ATTENDANCE FOR ALL SESSIONS. | Friday, Saturday, Sunday-All four (4) weeks Time: 8:00am-7:00pm | Live online by Canvas | \$382.00 Above is In-State Rate Check or Money Order only | |
| I declare under pe true and correct to | nalty of per the best o | rjury (punisi f my knowle | | §837.06, Florida Statute | es) that the information o | | |
| | | | /F) Florido Chakulas Abis samus to makifu usu Ab | | | | |
| | | | (5), Florida Statutes, this serves to notify you the s of HCC and for specific purposes identified by | | | | |

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)