### PLEASE PRINT CLEARLY

<table>
<thead>
<tr>
<th>NAME (LAST, FIRST, MIDDLE)</th>
<th>GENDER</th>
<th>DATE OF BIRTH</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>☐ MALE</td>
<td>☐ FEMALE</td>
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</table>

**PERMANENT MAILING ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**EMAIL ADDRESS**

**HOME PHONE**

**DRIVER’S LICENSE NUMBER**

**STATE ISSUED**

**HIGHEST EDUCATION LEVEL COMPLETED**

- ☐ HIGH SCHOOL DIPLOMA
- ☐ GED
- ☐ ASSOCIATE’S DEGREE
- ☐ BACHELOR’S DEGREE
- ☐ MASTERS DEGREE
- ☐ DOCTORATE/J.D.

**ETHNICITY:**

- ☐ HISPANIC
- ☐ NON-HISPANIC
- ☐ PACIFIC ISLANDER
- ☐ BLACK/AFRICAN-AMERICAN
- ☐ WHITE/CAUCASIAN
- ☐ NATIVE AMERICAN
- ☐ ASIAN

**I AM REGISTERING FOR THE**

- ☐ LAW ENFORCEMENT
- ☐ CORRECTIONS/DETENTION
- ☐ CORRECTION/PROBATION
- ☐ FBAT.

**THIS IS MY**

- ☐ FIRST
- ☐ SECOND
- ☐ THIRD
- ☐ FOURTH
- ☐ FIFTH
- ☐ SIXTH ATTEMPT.

(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 AM:**

- ☐ SELF-SPONSORED
- ☐ CIVIL SERVICE REQUIREMENT

**UPON COMPLETION, TEST WILL BE PAID BY:**

- ☐ CHECK
- ☐ MONEY ORDER

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**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.

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**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**

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**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.