PSAV Registration

PLEASE PRINT CLEARLY

PLEASE FILL OUT AND MAIL THIS FORM WITH CORRECT PAYMENT TO THIS ADDRESS:
NOTE: Please do not attempt to register for this course through a College Admissions Office.
All Registrations must be brought or sent to Benjamin Whiteside at Ybor City Campus.

HILLSBOROUGH COMMUNITY COLLEGE
ATTN: BENJAMIN WHITESIDE / YBOR CITY CAMPUS
2112 NORTH 15th STREET, ROOM YPST 148
TAMPA FL 33605
813-253-7611

NOTE: ATTENDANCE ON THE FIRST CLASS DATE IS MANDATORY

Last Name: _____ First Name: _____ M.I.:_____

Date of Birth: _____/_____/_____ SSN: _____ Gender: ☐ Male ☐ Female

Address: _____ City, State, Zip: _____

Telephone: (_____) _____ Email: _____

Driver's License Number: _____ State: _____ Exp.: ____/____/_____

The following is information required by the U.S. Office of Education:

☐ White, Non-Hispanic (1) ☐ American Indian/Alaskan Native (3) ☐ Hispanic (5)
☐ Asian or Pacific Islander (2) ☐ Black, Non-Hispanic (4)

COURSE INFORMATION: Surety Agent Bail Bonds (120 HOURS) **May 22-June 14, 2020**

Course Prefix/Number	Section Number	Course Title	Dates	Days	Campus	Course Fee
SCY 0010	38783	Surety Agent Bail Bonds	**May 22,23,24** (Fri, Sat, Sun) **May 29,30,31** (Fri, Sat, Sun) **June 5,6,7** (Fri, Sat, Sun) **June 12,13,14** (Fri, Sat, Sun) Note: This is one class that meets 12 times over four weekends.	8:00 am – 7:00 pm 8:00 am – 7:00 pm 8:00 am – 7:00 pm 8:00 am – 7:00 pm	YBOR CITY CAMPUS YPST Building Room #325	In-State Resident $382.00 TOTAL Check or Money Order

Residency Statement

☐ I certify that I have resided in Florida as a resident for the past 12 consecutive months or otherwise meet the residency requirements outlined in the laws of the State of Florida. _____ (month) _____ (year)

☐ I have not resided in Florida as a permanent resident for the past 12 consecutive months and I do not meet the residency requirements outlined in the laws of the State of Florida.

Note: Refunds must be applied for no later than the first Monday following the first weekend of this course. This registration form does not constitute regular admission to HCC.

I declare under penalty of perjury (punishable by law as a misdemeanor under §837.06, Florida Statutes) that the information contained on this form are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Privacy Act Information: Pursuant to §119.071(5), Florida Statutes, this serves to notify you that Hillsborough Community College (HCC) will only use your social security number (SSN) as needed for lawful purposes within the business of HCC and for specific purposes identified by the Social Security Administration, the Internal Revenue Service, and other state/federal 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) and are never released to unauthorized parties.