



**NORTH FLORIDA COMMUNITY COLLEGE**  
 325 NW Turner Davis Drive  
 Madison, FL 32340  
 (850)973-9481  
 (850)973-9497 FAX

Student ID# G \_\_\_\_\_  
 (Office Use Only)

**Community Education Registration**

(Last Name) (First Name) (MI) Soc. Sec. # Email

(Permanent Mailing Address) (CITY) (ST/ZIP) Phone #(s)

THE FOLLOWING INFORMATION IS REQUIRED BY THE U.S. DEPARTMENT OF EDUCATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 AND THE TITLE IX OF THE EDUCATIONAL ADMENDMENTS OF 1972 TO BE USED FOR REPORTING PURPOSES AND IS NOT USED IN DETERMINING ADMISSIONS TO NORTH FLORIDA COMMUNITY COLLEGE.

<b>SEX</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>DATE OF BIRTH</b> ____/____/____ <small>(Month/Day/Year)</small> <hr/> <b>City &amp; State of Birth</b>	<b>ETHNICITY</b> Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>ETHNICITY</b> <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White (not Hispanic) <input type="checkbox"/> Black (not Hispanic)
<b>CITIZENSHIP</b> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Refugee Alien <input type="checkbox"/> F-1 Student <input type="checkbox"/> Other, Non-citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Visa Other than F-1 Visa type _____ COUNTRY OF BIRTH _____ <small>PASSPORT, VISA AND/OR ALIEN CARD REQUIRED AT ADMISSIONS</small>		<b>RACE</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
<b>COUNTRY OF CITIZENSHIP</b> _____		<b>WHAT IS YOUR PRIMARY LANGUAGE?</b> <small>(I.E. THE LANGUAGE YOU USE MORE THAN 50% OF THE TIME)</small> _____	

**COURSES REGISTERING FOR:**

CRN	Prefix/Number/Section	Course Title	Fee Amount	Total Hours	CEU's	Class Hours	Days	Room

**VERIFICATION STATEMENT**

I certify that the information given in this application is complete and accurate, and I understand that to make false or fraudulent statements within this application or residence affidavit may result in disciplinary action, of admission, and invalidation of credits or degrees earned pursuant to 837.06, Florida Statutes. I certify that I will abide by all the regulations of North Florida Community College and the laws of the State of Florida. I agree that as a condition of my admission, I will not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance or alcohol during enrollment at North Florida Community College. I further certify that if it becomes necessary for NFCC to engage the services of a collection agency or to initiate legal action to collect fees for tuition or any other services provided by NFCC, I will be responsible for all costs of collection, including but not limited to reasonable attorneys' fees.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Collection of Student Social Security Numbers: In compliance with Section 119.071(5)(a), Florida Statutes, North Florida Community College (NFCC) issues this notification regarding the purpose for the collection and use of your Social Security Number (SSN). Section 119.071(2)(a)(II), Florida Statutes, authorizes NFCC to collect and use your SSN to perform the College's duties and responsibilities for the following purposes: student record management; identification and verification; tracking; VA benefits (also mandated by 38 USC 3471); and reporting to authorized agencies of the state and federal government (also authorized by 26 USC 6050S). To protect your identity, NFCC will maintain the privacy of your SSN and never release it to unauthorized parties. The College assigns you a unique student identification number which is used for educational purposes at NFCC, including access of your college records.

