REGISTRATION FORM

Office of the Registrar
P.O. Box 749
Barrow, AK 99723
Phone: 907.852.1757 or 1763
Fax: 907.852.1784

PLEASE PRINT CAREFULLY – ***Complete all information requested below.***

Semester (Check One): ☐ **Spring** ☐ **Summer** ☐ **Fall** **Year 20** ____

SS# (new students only) or student ID

☐ **Male** ☐ **Female**

Last Name **First Name** **Middle**

Mailing Address **City** **State** **Zip Code** **Date of Birth**

E-mail Address **Work Phone** **Cell Phone** **Home Phone**

Ethnic Origin (Check One) ☐ Alaskan Native ☐ African American ☐ American Indian ☐ Asian ☐ Caucasian ☐ Hawaiian ☐ Hispanic ☐ Pacific Islander ☐ Other

Active Military: ☐ Yes ☐ No **If no, are you veteran:** ☐ Yes ☐ No **Citizenship:** ☐ U.S. Citizen ☐ Nonresident Alien

Degree (Check One) ☐ Non-Degree Seeking ☐ Degree/Certificate Program ☐ Dual/High School Student

☐ **Corporation /Tribe*** *Please provide copy to Registrar's Office for verification if you have not done so already.

☐ **NSBSD Teacher**** ☐ **Emergency Personnel**** ☐ **Senior (62 yrs old or Older)**** **Please fill out the Waiver Form

How did you hear about these classes? ☐ E-mail ☐ Facebook ☐ KBRW Radio ☐ Posted Flyers ☐ Printed Ad ☐ Recruiter ☐ TV Ad ☐ Website ☐ Word of Mouth ☐ Other: Please explain: ____

REQUIRED FIELDS for CDL courses. (If you are taking CDL classes, please answer these questions.)

Do you currently have a learner's permit? ☐ Yes ☐ No

Have you ever had your driver's license revoked or suspended? ☐ Yes ☐ No

Have you had a valid driver's license for at least one year? ☐ Yes ☐ No

Driver's License # ____ State ____

Dept	Course #	Sec #	Course Title	Dates / Days / Times	Credits	Audit	Instructor
				Total credits			

BILL TO: (Please fill out this part if the billing is not going to you.)

Financial Aid ☐ Employer-Funded ☐ Grant-Funded ☐ Other ☐ ____

Contact Person: ____ Address or Phone #: ____

Release Information: The Family Educational Rights and Privacy Act protects a student's right to privacy by limiting information that can be released to the public in what is referred to as Directory Information. Directory Information is that part of an education record of a student that would not generally be considered harmful or an invasion of privacy if disclosed. Directory Information can **NEVER** include: student identification number, race, social security number, ethnicity, nationality, gender. **DIRECTORY INFORMATION** is information that can be released to the public without permission from the student. Directory Information at Ilisagvik College includes: student's name, local address, permanent address, email address, photos, and telephone numbers (including cell phone numbers), names and dates of previous high schools and colleges attended, classification (Freshman, Sophomore), enrollment status, major field of study, dates of attendance and anticipated date of graduation, participation in officially recognized activities, degrees and awards granted. (Photo maybe used for promotional or reporting purposes.) **If you DO NOT want this information released, see the Registration Office for the Opt Out form.**

Tuition:	$
Registration Fee:	$
Student Support Service Fee:	$
Course, Lab & Materials Fee:	$
Other:	$
TOTAL TUITION & FEES =	$

Advisor Signature (Instructor) **Date**

Student Signature (Required) **Date**

Business Office Signature **Date**

Parent Signature (If Student under 18) **Date**

Registration Office Signature **Date**