

Registration Office Signature

Registration Form

Office of the Registrar P.O. Box 749 Barrow, AK 99723

Phone: (907) 852-1757 or 1763 Fax: (907) 852-1784

PERSONAL INFORMATION Name:	Semester	(Check One): 🗌 Spr	ing 🗌 Summe	r 🗌 Fall Year 20						
Name: Address: (Last, First, Middle) Gender: Male Female Other Email:	Degree: ☐ Non-Degree ☐ Degree/Certificate ☐ Dual Credit						Social Security # (For NEW STUDENTS) or Student Number				
(Last, First, Middle) (Street/PO Box, City, State, Zip Code) Date of Birth:Gender: Male Female Other Email:	PERSON/	AL INFORM	<u>ATION</u>								
Date of Birth:	Name: Addre						ess:				
Work Phone:											
Ethnicity: (CHECK ONE):	Date of Birth: Gender:										
Caucasian Hawaiian Hispanic Pacific Islander Other	Work Phone: Cel			Cell Phone:		Home Phone:					
Active Military? Yes No If no, Veteran? Yes No US Citizen? Yes No If no, Nation of citizenship: Permanent Resident? Yes No BILLING: Please fill this out if the billing is not going to you. Financial Aid Employer- Funded Company: Grant Funded: # Ilisagvik College Other: Contact Person: Address or Phone #:	Ethnicity: (CHECK ONE): Alaska Native American				American Indian	n African American Asian					
BILLING: Please fill this out if the billing is not going to you. Financial Aid Employer- Funded Company:	🗌 Caucasian 📗 Hawaiian					Hi	Hispanic Pacific Islander Other				
SilLUING: Please fill this out if the billing is not going to you. Grant Funded: # Ilisagvik College Other:	Active M	lilitary? 🔲	Yes 🗌 N	lo If no, Vete	eran? 🗌 Yes 🔲 No	n? 🗌 Yes 🗌 No	If no, Nation	of citizen	ship:		
Financial Aid Employer- Funded Company:						Permane	ent Resident? \	'es No			
Other: Contact Person: Address or Phone #:	BILLING:	Please fill	this out i	f the billing is no	ot going to you.						
Other:Contact Person:Address or Phone #:	Finan	icial Aid	Employ	er- Funded Co	ompany:	Gr	ant Funded: #		🔲 Iļis	aġvik Col	lege
CHECK ANY THAT APPLY:			_			<u> </u>					
*Please provide Registrar's Office with a copy **Please submit a tuition waiver form HOW DID YOU HEAR ABOUT THESE CLASSES?											
HOW DID YOU HEAR ABOUT THESE CLASSES?		ΝΥ ΤΗΔΤ ΔΕ					Emergency	Darcannal *	* I Coni	or 167 Vc	
Recruiter Website Word of Mouth Other:		iti ilizi zi		•			_		3em	101 (02 16	ears+) **
Dept Course # Sec # Course Title Dates / Days / Times Credits Audit Instructor	CHECK A		*P	lease provide Re	egistrar's Office with a cop	py **Plea	se submit a tuition v	vaiver form	_	`	
* Initial Here: I acknowledge that by initialing, I will be fully responsible for costs not covered by Financial Aid, employers, grants or scholarships. Student Signature (Required) Date	CHECK A	O YOU HEAF	*P	lease provide Re	egistrar's Office with a cop	py **Plea	se submit a tuition vook KBRV	vaiver form V Radio	_	`	
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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.

Date