

**REGISTRATION FOR NON-CREDIT COURSES**  
**PLEASE ANSWER ALL ITEMS AND PRINT CLEARLY**

**Student Last Name** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_

→ Have you used a different name or changed your name? Past name: \_\_\_\_\_

\_\_\_\_\_  
**Student ID (ASAP) Number (if known)**      **Date of Birth (month/day/year)**      **M/ F /Non-Binary**  
**Gender**      **Phone Number (home/cell)**

\_\_\_\_\_  
**Social Security Number (optional)**      **E-mail address**

**Citizenship / Immigration Status** → ☐ U.S. Citizen    ☐ Permanent Resident (Green Card)    ☐ Temporary Resident (Visa Type) \_\_\_\_\_  
☐ Other Protected Status    ☐ Other

**Ethnicity (mark one)** →    ☐ Hispanic or Latino    ☐ Not Hispanic or Latino

**Native Language (mark one)** →    ☐ English    ☐ Spanish    ☐ Other \_\_\_\_\_

**Employment (mark one)** →    ☐ Employed    ☐ Unemployed (no job)    If unemployed, for how long? \_\_\_\_\_  
years/ months

**Is your household receiving or eligible for** →

Reduced / free lunch    ☐ yes    ☐ no

CARE program    ☐ yes    ☐ no

Financial Aid for school    ☐ yes    ☐ no

WIC    ☐ yes    ☐ no

CalFresh/ SNAP    ☐ yes    ☐ no

IEHP    ☐ yes    ☐ no

SSI    ☐ yes    ☐ no

**LIST PERMANENT LEGAL ADDRESS: A permanent address is one used for voting, motor vehicle registration, income tax and other legal purposes. Must show addresses to cover at least 2 years.\***

\_\_\_\_\_  
**Number/Street/Apt**      **City**      **State**      **Zip**      / \_\_\_\_\_  
years/ months\*

\_\_\_\_\_  
**Previous address (if above is less than 2 years)**      **City**      **State**      **Zip**      / \_\_\_\_\_  
years/ months\*

\_\_\_\_\_  
**Mailing address (if different from legal address)**      **City**      **State**      **Zip**

**Instructional Program** →    Have you taken a class with us before?    ☐ yes    ☐ no

**What class are you in now?** →    ☐ Basic Skills (ABE)    ☐ ESL    ☐ GED / HSE    ☐ Citizenship    ☐ Basic Computers  
⌘ Other \_\_\_\_\_

**Registration Date:** \_\_\_\_\_ **Section Number:** \_\_\_\_\_ **Instructor Name:** \_\_\_\_\_

**Office Use Only**

Colleague ID: \_\_\_\_\_

ASAP ID: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

# AUTHORIZATION TO RELEASE INFORMATION

The purpose of the *Family Educational Rights and Privacy Act of 1974 (FERPA)* is to protect the privacy of information concerning individual students by placing certain restrictions on the disclosure of information contained in a student's academic records. I understand that in order for MSJC Non Credit Adult Education to honor a verbal or written request or request by proxy for information by anyone other than the individual student, a signed authorization must be on file.

I, the undersigned, \_\_\_\_\_, hereby authorize the Custodian of Records or designee of MSJC Non-Credit Adult Education to release any information pertaining to my academic records including, but not limited to, class schedule, courses completed and attendance records to the designated representative or agency, named below. All of my aforementioned information will be released with my FULL CONSENT. It is understood that this authorization remains in effect until I provide, in person, a letter requesting that the authorization be cancelled or by the expiration date listed below.

The undersigned hereby releases MSJC Non-Credit Adult Education, as custodian of such records, from any and all liability for damages of whatever kind which may result because of compliance with this authorization and request for information or any other attempt to comply with it.

MSJC Non-Credit Adult Education

\_\_\_\_\_  
Name of Representative or Agency

\_\_\_\_\_  
*Print Name of Student (Last Name, First Name)*

\_\_\_\_\_  
*Birth Date*

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Today's Date*

---

## Public Information & Marketing Office

### Photo Release

I, the undersigned, give Mt. San Jacinto College permission to use my photo, video image, and/or voice for advertising, marketing, or editorial purposes. I hereby release, waive and hold harmless any and all claims arising out of the use of said image, voice, related story or editorial by the College and/or its authorized designee, such as cable or network TV stations, radio stations, newspapers, magazines or other printed publication, or for use in a college brochure, catalog, schedule of classes, advertisement, promotion, documentary, feature story or film.

I warrant that I am at least eighteen (18) years of age. If I am under the age of eighteen (18), this form must be signed by a parent or guardian. I have read and fully understand the above statements.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*