



REGISTRATION FORM

Course Name: _____ Course #: _____ CRN: _____

Instructor: _____

Providing your social security number is voluntary. If you provide it, the college will use your Social Security number for keeping records, doing research, aggregate reporting, extending credit and collecting debts. Your Social Security number will not be given to the general public. If you choose not to provide your Social Security number, you will not be denied any rights as a student. Please read the statement with the registration information in your class schedule which describes how your number will be used. Providing your Social Security number means that you consent to use of the number in the manner described.

Please complete the following:

LBCC ID NUMBER

X								
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Birth Date: _____ / _____ / _____
MO DAY YEAR

Please PRINT the following information:

Male Female

LAST Name FIRST Name MIDDLE Name

<p>Are you a United States citizen or a resident alien? * <i>(*Note: this question is optional)</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Have you lived in Oregon or a border state of Oregon for 90 days prior to the start of class? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If no, are you here on a Visa? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Visa type _____</p>
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Permanent Address (Not PO Box or Dorm):

Number and Street _____ City _____

County _____ State _____ Zip _____ Home Phone _____

LBCC is required by the Federal Government to ask the following:

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| <p>What is your ethnicity?</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> | <p>What is your race? Mark one or more</p> <p><input type="checkbox"/> 1. American Indian or Alaskan Native</p> <p><input type="checkbox"/> 2. Asian</p> <p><input type="checkbox"/> 3. Black or African American</p> <p><input type="checkbox"/> 4. Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> 5. White</p> |
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