



Continuing Education Noncredit Class Registration Form

First Name _____ M.I. _____ Last Name _____ Male Female

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ E-mail _____

Date of Birth _____ Social Security Number* _____ Have you ever attended WVC? Yes No

Quarter of Registration _____ Fall Winter Spring Summer Year _____

***Social Security Number Request**

To comply with federal laws, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). We will use your SSN/ITIN to report Hope Scholarship/Lifetime Learning credit, to administer state/federal financial aid, to verify enrollment, degree and academic transcript records, and to conduct institutional research. If you do not submit your SSN/ITIN, you will not be denied access to the college; however you may be subject to civil penalties (refer to Internal Revenue Service Treasury Regulation 1.6050s-1(e)(4) for more information). Pursuant to state law (RCW 28B.10.042) and federal law (Family Educational Rights and Privacy Act), the college will protect your SSN from unauthorized use and/or disclosure.

Class No. (OFFICE USE ONLY)	Class Title	Time	Start/End Dates	Fee

Payment Method: Check payable to Wenatchee Valley College *(DO NOT SEND CASH)*
 VISA MasterCard *(VISA & MC also accepted by phone, 682-6900)*

Total Payment Enclosed

Account Number: _____

Name on Card: _____ **Expiration:** _____

Statement Address: _____

Signature: _____ **Date:** _____

MAIL TO:
 Wenatchee Valley College Continuing Education
 1300 Fifth Street
 Wenatchee, WA 98801