

# DURHAM TECH

## Public Safety Continuing Education Registration

Complete this form and mail or fax with payment to:  
 Durham Technical Community College  
 2401 Snow Hill Road, Durham, NC 27712  
 Fax: 919-536-7263  
 Phone: 919-536-7242 x4601

- Payment or payment authorization is required at time of registration and must be received before the first class.
- Receipts or confirmations will not be sent for payments that are faxed or mailed.
- The refund policy can be found at [durhamtech.edu/continuing-education/register-continuing-education](http://durhamtech.edu/continuing-education/register-continuing-education)

**Last name:** \_\_\_\_\_ **First name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**County:** \_\_\_\_\_  Please check if this is a new address or change in information.

**Home:** \_\_\_\_\_ **Business:** \_\_\_\_\_ **Ext.:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Colleague ID #:** \_\_\_\_\_ (assigned by college if new student) **Date of birth:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Social Security number:** \_\_\_\_\_

**Public safety agency:** \_\_\_\_\_ **Position or job title:** \_\_\_\_\_

**Highest education level completed**

Non-graduate  
 (highest grade completed) \_\_\_\_\_

GED

High school diploma

Adult high school

Vocational diploma

Associate's degree

Bachelor's degree

Master's degree or higher

**Race (check all that apply)**

American/Alaska native

Asian

Black/African-American

Hawaiian/Pacific Islander

Hispanic/Latino

Non-Hispanic/Non-Latino

White

**Gender**

Female

Male

**Employment status**

Full time (40 or more hours/week)

Part time (39 or fewer hours/week)

Retired

Unemployed (not seeking)

Unemployed (seeking)

Course Number	Course Title	Location	M	T	W	Th	F	Sa	Su	Start Time	End Time	Start Date	End Date	Cost

By my signature, I certify I am 18 years or older and not enrolled in high school (a release form from your high school is required otherwise) and also authorize Durham Tech to release my grades to my employment agency or the credentialing agency as needed for certification purposes only.

**Student signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**College employee signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\$** \_\_\_\_\_ **Registration fee paid received from student** \_\_\_\_\_ **or** \_\_\_\_\_

**\$** \_\_\_\_\_ **Registration fee billed to sponsoring agency** \_\_\_\_\_

**\$** \_\_\_\_\_ **Books** \_\_\_\_\_ **Other** \_\_\_\_\_ **Check #:** \_\_\_\_\_ **Bank:** \_\_\_\_\_

**Credit card #:** \_\_\_\_\_ **AMEX** \_\_\_ **DISCOVER** \_\_\_ **MC** \_\_\_ **VISA** \_\_\_

**Cardholder name:** \_\_\_\_\_ **Exp. date:** \_\_\_\_\_ (MM/YY) **Credit card security #:** \_\_\_\_\_