EDMONDS COLLEGE
CONTINUING EDUCATION

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20000 68th Ave. W, Lynnwood, WA 98036

REGISTRATION FORM

QUARTER: ☐ **Winter** ☐ **Spring** ☐ **Summer** ☐ **Fall** **YEAR:** _____

Student Name _____ _____ _____
Last (Surname) First Middle Initial

Student ID Number ___ ___ ___ - ___ ___ - ___ ___ ___ ___ **Birthdate** ___ ___ - ___ ___ - ___ ___ ___ ___
M M D D Y Y Y Y

Street Address _____ **Apt./Unit #** _____

City _____ **State** _____ **Zip Code** _____

Email Address _____

Day Phone _____ **Evening Phone** _____

Previous Name(s) _____ ☐ **Male** ☐ **Female**

Social Security Number ___ ___ ___ - ___ ___ - ___ ___ ___ ___ OR ☐ I refuse or am unable to provide my SSN/ITIN at this time. **Initials:** _____
(Required for credit classes only)

DISCLOSURE STATEMENT: To comply with federal laws, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) if you are taking for-credit classes. 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) of a $50 fine in the event of an audit. If you choose not to provide your SSN/ITIN please check the "I refuse ..." box above and write your initials on the line provided.

Item #	Title	Date	Days	Time	Location	Fee
					CRI Quarterly Registration Fee $15.00 CRI students are charged a $15 registration fee per quarter.	
					Total Amount Due	

Circle one:	Visa	Amex	MC	Discover	Check #
If Credit Card:	Account # Name on Card:				Exp. date:

I hereby certify under penalty of perjury under the laws of the state of Washington RCW 9A.72.085 that to the best of my knowledge, all statements on this form are true and correct.

Signature: _____ **Date:** _____

REFUNDS/CANCELLATION POLICY: Refund requests must be received at least two business days prior to the start of class; a $10 drop fee will be retained for each refunded class. No refund will be made after that date. There are no partial refunds. You may withdraw from a class or request a refund by phone at 425.640.1808 or in person at the office of the department with which you are registered.

Edmonds Community College does not discriminate on the basis of race; color; religion; national origin; sex; disability; sexual orientation; age; citizenship, marital, or veteran status; or genetic information in its programs and activities. The nondiscrimination language is available in multiple languages at edcc.edu/nondiscrimination.

OFFICE USE ONLY Registration Date _____ By _____ HP Entry _____