



# REGISTRATION FORM

Office of the Registrar  
P.O. Box 749  
Barrow, AK 99723  
Phone: 907.852.1757 or 1763  
Fax: 907.852.1784

PLEASE PRINT CAREFULLY – Complete all information requested below.

Semester (Check One):  Spring  Summer  Fall Year 20 \_\_\_\_\_

SS# (new students only) or student ID \_\_\_\_\_

Male  Female

Last Name	First Name	Middle		
Mailing Address	City	State	Zip Code	Date of Birth

E-mail Address	Work Phone	Cell Phone	Home Phone
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Ethnic Origin (Check One)  Alaskan Native  African American  American Indian  Asian  Caucasian  
 Hawaiian  Hispanic  Pacific Islander  Other

Active Military:  Yes  No If no, are you veteran:  Yes  No Citizenship:  U.S. Citizen  Nonresident Alien

Degree (Check One)  Non-Degree Seeking  Degree/Certificate Program  Dual/High School Student

Corporation /Tribe\* \*Please provide copy to Registrar's Office for verification if you have not done so already.

NSBSD Teacher\*\*  Emergency Personnel\*\*  Senior (62 yrs old or Older)\*\* \*\*Please fill out the Waiver Form

How did you hear about these classes?  E-mail  Facebook  KBRW Radio  Posted Flyers  
 Printed Ad  Recruiter  TV Ad  Website  Word of Mouth  Other: Please explain: \_\_\_\_\_

**REQUIRED FIELDS for CDL courses. (If you are taking CDL classes, please answer these questions.)**

Do you currently have a learner's permit?  Yes  No  
 Have you ever had your driver's license revoked or  Yes  No  
 Have you had a valid driver's license for at least one year?  Yes  No DL # \_\_\_\_\_ State \_\_\_\_\_

Dept	Course #	Sec #	Course Title	Dates / Days / Times	Credits	Audit	Instructor
<b>Total credits</b>							

**BILL TO: (Please fill out this part if the billing is not going to you.)**

Financial Aid  Employer-Funded  Grant-Funded  Other  \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Address or Phone #: \_\_\_\_\_

**Release Information:** The Family Educational Rights and Privacy Act protects a student's right to privacy by limiting information that can be released to the public in what is referred to as Directory Information. Directory Information is that part of an education record of a student that would not generally be considered harmful or an invasion of privacy if disclosed. Directory Information can NEVER include: student identification number, race, social security number, ethnicity, nationality, gender. **DIRECTORY INFORMATION** is information that can be released to the public without permission from the student. Directory Information at Ilisagvik College includes: student's name, local address, permanent address, email address, photos, and telephone numbers (including cell phone numbers), names and dates of previous high schools and colleges attended, classification (Freshman, Sophomore), enrollment status, major field of study, dates of attendance and anticipated date of graduation, participation in officially recognized activities, degrees and awards granted. (Photo maybe used for promotional or reporting purposes.) **If you DO NOT want this information released, see the Registration Office for the Opt Out form.**

Tuition:	\$
Registration Fee:	\$
Student Support Service Fee:	\$
Course, Lab & Materials Fee:	\$
Other:	\$
<b>TOTAL TUITION &amp; FEES =</b>	<b>\$</b>

For students who are employees of Ilisagvik College and owe more than \$250 to Ilisagvik College, Ilisagvik College will collect this debt to the maximum allowed by law through payroll deduction until this debt is satisfied in full. All Ilisagvik College employees will be required to sign a payroll deduction form at the time of registration.

Advisor Signature (Instructor) \_\_\_\_\_ Date \_\_\_\_\_

Business Office Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

Registration Office Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (If Student under 18) \_\_\_\_\_ Date \_\_\_\_\_