

Items with \* are mandatory

ID: \_\_\_\_\_ Section: \_\_\_\_\_ Chk#: \_\_\_\_\_ Ref# \_\_\_\_\_ Date: \_\_\_\_\_

Texarkana College  
Continuing Ed



**PLEASE PRINT CLEARLY**

**REGISTRATION FORM**

One Registration Per Course (This form may be copied).

\*Name (First, MI, Last): \_\_\_\_\_

Social Security #: \_\_\_\_\_

\*Street Address: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

\*Course Title: \_\_\_\_\_

\*Birthdate: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Time: \_\_\_\_\_ Fee: \_\_\_\_\_

Email: \_\_\_\_\_

\*What would you like your log-in name to be?

(Needs to be at least 6 characters)

**\*The following information is required by the  
Coordinating Board of the Texas College and**

**University System:**

\_\_\_ Male \_\_\_ Female

\_\_\_ Black \_\_\_ White \_\_\_ Asian

\_\_\_ American Indian

\_\_\_ Hispanic \_\_\_ Other

\*Are you 60 years old or over?

**Please check if any of your information has changed.**

I authorize Texarkana College to use my name, statements and likeness, without charge, for publications, advertising, video, web, new media, or other formats.

Signature: \_\_\_\_\_

*Make check payable to Texarkana College*

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