

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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