

Please print all information

Last 4 digits of SSN	or Student ID Number			
Last Name	First Name		-	
Address	City	City		
State	Zip			-
Birthdate	Gender	O Male	O Female	
Home Phone	Cell/Mobile			-
Work Phone	Employment S	tatus O F/T	O P/T	OUnemployed
Please check one: O I certif	Black/African American American Indian/Aes O No 1 2 3 4 5 6 7 8 9 10 11 12 Ty that I am at least 18 years old and not enrolled and and have provided a Minor Release For	GED 13 14 15 16 in public school <i>or</i>	17	that apply)
	given information is completed and correct.	J		
Signature	Date:			
Section Number	Course Title	Location	on	Registration Fee
Section Number	Course Title	Locati	on	Registration Fee
Section Number	Course Title	Location	on	Registration Fee
Section Number	Course Title	Locati	on	Registration Fee
O Che	ses • Key in Course C	tinuing Education Cours Code •Then click submit •	ses • Click on Reg On the left select t	lick on Continuing Education •Click Register gister and Pay for Continuing Education Clas the course •Click submit •Complete informatio Garah Tucker tuckers0514@rockinghamcc.edu

To register, complete this form and mail it along with a check or money order payable to RCC, PO Box 38, Wentworth, NC, 27375. Attn: Business Office, **PLEASE DO NOT SEND CASH.**