

This form is only for Not For Credit Classes |College of the Redwoods Adult & Community Education

525 D Street Eureka, CA 95501

Phone: 707-476-4500 Fax:707-443-3417

Office Use Only ID#____ Initials _____ Date ___ Receipt #

. W. T. L. Y.	
'ull Legal Name:	
Last First Mide	dle
re you currently, or have you previously, taken classes at College of the Redwoods? Yes No	
re you currently, or have you previously, taken classes at Conege of the Reuwoods? 1 es No	
Alternate Names Used:	
Birth Name Married Name Othe	 ?r
#. 95 A.11	
Iailing Address:	
hone Number(s):	
mail: Email Nev	wsletter - Yes - No
low did you hear about this class?	
<u> </u>	
Date of Birth (required) SSN (required if you're a new student) Student ID	
Section # Course Title Date Time Location	Fee
	I
Are you employed? If yes, Please complete this section □ Yes □ No	
Name of Employer:	
Company Contact: Company Phone: Company Mailing Address:	
How will you be paying for the class today?: □ Cash □ Check □ Credit Card □ Money Order □ Sponsorship	
	
Sponsor Email:	
Visa/MasterCard/Discover: Exp. Date	::
Name As It Appears on Card:	
By registering for a CR Community Education class you agree to the registration policies	
Policies can be viewed at http://www.redwoods.edu/communityed/Register-for-Classes	
Office Use Only	
**	□ Mail □ Pick up
Notes:	



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Release of Information

Name:	Student ID#
Act" (FERPA), information in y	nent of Education's "Family Educational Rights and Privacy your student record may not be released to a third party (parents, .) without your written permission except as provided by law (See
record to the organizations/peop	f the Redwoods to release information about my educational ole specified by the checked boxes below. This permission will a writing. This permission does NOT cover financial records. Department.
☐ Employer/Potential Emp☐ Class Funding Source☐ Other:	
Student's Signature	