

REGISTRATION FORM

How To Register and Pay

- PHONE: Call **407-582-6688** for more info.
- FAX: Fax registration form to **407-582-6610**
 ATTN: CN-Cashier
 This FAX is in a secured area.
- MAIL: Photocopy registration form, fill out and mail in with payment to:
**Valencia College Continuing Education
 CN-Cashier
 2411 Sand Lake Road
 Orlando, FL 32809**

- Valencia accepts cash, money orders, checks, VISA, MasterCard, American Express and Discover (*individual or company*).
- Checks and money orders must be payable to Valencia College.
- Cash payments must be made in person at the Sand Lake Center prior to class start date.
- Cash will not be accepted in the classroom. Please do not mail cash.

Businesses/Organizations:

Submit via fax or mail a purchase order and/or formal letter of authorization that must accompany a registration form.

Purchase orders and/or formal letters of authorization must include:

- Company letterhead with a typed billing address — not handwritten
- Contact name, title and phone number of person authorized to purchase for business/organization
- State the following: This letter authorizes Valencia College to bill [company name] for:
- What is being authorized; i.e., tuition, books, etc.
- Student(s) name(s), Social Security number(s), course number(s) and dates of class(es)

NOTE: Letters of authorization signed by students are not accepted.

Enrollment is on a first-come basis. If a course cancels, we will attempt to notify you and will place a notice at the entrance of the classroom. Tuition will be refunded according to our refund policy guidelines.

Registrations should be received 7 days prior to start of classes.

Valencia's Refund Policy

A full refund is granted for a class that is canceled by the college. Course fees will be fully refunded if a request is received at least 5 business days prior to the course start date. Please note that course fees for Online Courses are nonrefundable. Once the student has been transferred (switched) from a course to another course with a later date, they cannot drop the course within the five-day cancellation period to obtain a refund.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	M.I.	<input type="checkbox"/> New <input type="checkbox"/> Returning
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	
CIVIL RIGHTS CATEGORY <i>(Optional)</i>	Select all ethnicities that apply	Citizenship	
Are You Hispanic or Latino/Latina? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White or Caucasian	<input type="checkbox"/> US Citizen <input type="checkbox"/> Nonresident Alien <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Unknown	

Preferred Address Home Business **Preferred E-mail Address** Home Business

MAILING ADDRESS	BUSINESS ADDRESS
STREET _____ APT# _____	COMPANY _____ TITLE _____
CITY _____	STREET _____
COUNTY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
PHONE _____	PHONE _____ EXTENSION _____
E-MAIL _____	E-MAIL _____

How did you hear about our courses?

- Mail (Flyer, Postcard) Brochure Web Internet E-mail
 Advertisement (Newspaper, Magazine) Current Student Corporate Training Referral

COURSE INFORMATION

COURSE TITLE _____	COURSE TITLE _____
LOCATION _____ START / END DATE _____	LOCATION _____ START / END DATE _____
SCHEDULE # _____ COURSE FEE _____	SCHEDULE # _____ COURSE FEE _____

STUDENT CONSENT TO RELEASE EDUCATIONAL RECORDS

In accordance with Valencia College policies and procedures, as well as state and federal law (*FS §228.093, §20 U.S.C.A. 1232g*), I voluntarily consent to the release of all information from my educational records related to the course(s) taken pursuant to this registration. The disclosure of this information may ONLY be made to my employer who has sponsored my enrollment in this course(s) and/or third party providers. This consent shall be valid for a period of one year.

SIGNATURE _____ DATE: _____

PAYMENT METHOD

CREDIT CARD # _____	CHECK # _____	<input type="checkbox"/> Cash
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX	Make checks payable to: Valencia College	
EXPIRATION DATE _____ CSC OR CVV2 _____	<input type="checkbox"/> Corporate <input type="checkbox"/> Personal	
Name as it Appears on Credit Card (Please Print) _____		

"I declare, under penalty of perjury punishable by law as a misdemeanor 837.06 Florida Statutes, that the foregoing is true and correct."

SIGNATURE _____ DATE: _____

DIRECT BILLING INFORMATION

COMPANY _____	PHONE _____	NAME OF BILLING CONTACT _____
ADDRESS OF BILLING CONTACT _____	FAX _____	FEDERAL TAX ID # _____