

Institute of Public Safety NON-CREDIT REGISTRATION FORM

Miller Campus
9750 South 300 West
Sandy, Utah 84070
(801) 957-5200 or 5201

The “key” to your registration and payment information is your social security number. If you do not have a social security number, contact the SPED registration office by email at SPEDregistration@slcc.edu or call (801) 957-5200.

Notification of collection and use of personal identifiers such as social security number and birth date is intended for students, employees, and applicants. Salt Lake Community College collects these personal identifiers for use in performance of the College’s duties and responsibilities for the following possible purposes: classification of accounts; identification and verification; billing and payments; data collection; reconciliation; tracking and scholarship reporting; financial aid processing; accreditation of programs; and reporting to authorized agencies of the state and federal government. The social security number and birth date are also used as a unique numeric identifier in certain cases and may be used for search purposes in our system. Federal law requires that we protect these personal identifiers from disclosure to unauthorized parties. Students, employees and applicants are assigned a Salt Lake Community College identification number to assist in protecting their identities.

- INSTRUCTION:**
- Birth date is required for registration. SLCC respects your personal information and privacy. Once your information is entered into our system every registrant will receive a Salt Lake Community College ID number. Please reference this ID number when communicating with SLCC.
 - Please fill this form in as completely as possible. **(Your full legal name as printed on Social Security Card.)**
 - One application is required for each individual registering.

Social Security #: _____ Birth Date: _____ Today's Date: _____

Driver License #: _____ State: _____ Expires: _____

First Name: _____ **MI:** _____ **Last Name:** _____


Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Fax: _____ E-mail (Per): _____

Emergency Contact: _____ Phone: _____

Registration Information

	Course Name	CRN	Course Date	Cost
	Motorcycle-Basic Rider Course CEIP 0014			
	Motorcycle-BRC Rescheduling Course CEIP 0015			
	Motorcycle-Experienced Rider Course CEIP 0021			
	Motorcycle-Tiered Licensing Second Test CEIP 0013			
			Total:	

