



College in the High School Program

Failure to pay by the stated deadline will result in NOT receiving college credit for the course(s) listed below. Please consult the Questions & Answers Brochure for appropriate payment deadlines.

Hudson Valley Community College, 80 Vandenburg Avenue, Troy, NY 12180-6096 (518) 629-4574 www.hvcc.edu

Student Record Information (SRI Form)

Social Security Number* _____ Date of Birth _____

Name* _____
Last First MI

*HVCC is required by federal law/regulations to collect your social security number (SSN) or individual taxpayer identification number (ITIN) to file information returns with the IRS and to furnish a statement to you. In addition, your name on file with the College must match your name as filed with the Social Security Administration. PENALTY: If you fail to furnish your correct SSN or ITIN to the College, you may be subject to a penalty levied by the IRS.

Mailing Address _____ (Check here for change of address)

City _____ State _____ Zip Code _____

Personal E-Mail _____ Cell Phone _____

Sex** Male Female Home Phone _____

As required by SUNY System, all students must answer the following two questions:

Have you ever been convicted of a felony? Yes No
Have you ever been dismissed from a college or university for disciplinary reasons? Yes No

Are you Hispanic/Latino? ** No Yes
If yes, what is your background? (select one) Central American Dominican Mexican Puerto Rican
South American Other/Hispanic/Latino

All students, please indicate your race (select one or more)**
American Indian or Alaskan Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White Two or More Races Unknown

**NOTE: Hudson Valley Community College is required to furnish New York State with gender and ethnic data for every student.

What is your Home High School? _____

Expected Date of High School Graduation _____

Semester/Year: **Summer 2020 – POT S8 - July 6 to August 14**

Please list/write the course(s) you would like to enroll below:

| CRN | Subject Code | Course # | Section # | Course Title | Credits |
|-----|--------------|----------|-----------|--------------|---------|
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By entering my name below, request registration for the above course and hereby give permission to Hudson Valley Community College to send my grades and transcripts to my high school guidance office.

Student Name _____ Date _____

Guidance Counselor/High School Official Name for Approval _____ Date _____

Please return form to the Registrar's Office at Hudson Valley Community College.