



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* _____

Name* _____
Last First MI

*HVCC is required by federal law/regulations to collect your social security number (SSN) or correct 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 _____

City _____ State _____ Zip Code _____

Personal E-Mail _____ (Check here for change of address)

Cell Phone _____ Home Phone _____

Sex Code** M OR F Date of Birth _____

Are you the family member of someone who served in the active United States military Armed Forces? [] Yes [] No

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: Fall 2018

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

| CRN | Subject Code | Course # | Section # | Course Title | Credits |
|-----|--------------|----------|-----------|--------------|---------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

I hereby give permission to Hudson Valley Community College to send my grades and transcripts to my high school guidance office. 4//17

Student Signature _____ Date _____ Guidance Counselor/High School Contact _____ Date _____