

# OCC Public Safety Training Center



## Non-credit Registration Form

Please complete this registration form & return to address or fax # noted below.  
Please note class name & date you wish to register for.

√	Course Number	Course Name & Date	Credits/Hours
			0

### Please Print Clearly

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

County of Residence: \_\_\_\_\_ Length of Time in County: \_\_\_\_\_

New York Resident: \_\_\_\_\_ Yes \_\_\_\_\_ No United States Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Agency (If Applicable): \_\_\_\_\_

SSN# \_\_\_\_\_ (Optional) OCC ID# \_\_\_\_\_ (If known) Date of Birth: \_\_\_\_\_ (Required)

Have you ever been registered at Onondaga Community College before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name previously registered under: \_\_\_\_\_

Ethnic Group: (Circle one - optional)

African American

Euro-Ethnic/White

North American Indian/AK

Asian/Pacific Island

Latino/Puerto Rican

Other: \_\_\_\_\_

Gender: \_\_\_\_\_ M \_\_\_\_\_ F E-mail: \_\_\_\_\_

**ALL STUDENTS:** Please read and sign the following statements:

By registering for classes at Onondaga Community College, I acknowledge and agree that I am at least 18 years of age or the parent/legal guardian of a student under the age of 18. I am financially responsible for all charges related to my registration.

I understand that if I decide not to attend the courses, which I am registering for, that it is my responsibility to drop the course(s) at least 3 days prior to the start date to avoid any financial liability. For OCC's complete Financial Responsibility Agreement go to [sunyocc.edu](http://sunyocc.edu) and in the Community Ed section visit the Payment Info link in the right hand column.

I understand that I will be registered when Onondaga Community College receives my registration form and that I will not receive a registration confirmation.

I understand that I will not receive a certificate of completion until OCC receives my payment for this class.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**OCC Public Safety Training Center, Mawhinney Hall M280Q -**

**4585 West Seneca Turnpike,**

**Syracuse, NY 13215**

Phone No: 315-498-6042/FAX: 315-498-2522

[www.pstc.sunyocc.edu](http://www.pstc.sunyocc.edu)