THE ACADEMY

South Bay Regional Public Safety Training Consortium

560 Bailey Avenue, San Jose, CA 95141 ♦ **Phone** (408) 229-4299 ♦ www.theacademy.ca.gov

REGISTRATION FORM

(PLEASE PRINT)

Course Name: _____ **Course Date:**_____

_____

Last Name **First Name** **Middle Initial**

_____

Home Address (NO PO BOX or WORK ADDRESS) **City** **State** **Zip**

_____ _____

Agency (if applicable) **POST ID# (if known)**

_____ _____ _____ _____

Birth Date **Social Security Number** **Work Phone #** **Cell Phone #**

_____ _____

Email Address **OpenCCC ID#**

_____ _____

Signature **College ID #/Name of College**

By completing this form and signing this attestation, you authorize South Bay Regional to enroll you in the course at any of our Member Colleges. Upon successful completion of the course, you will receive college credit, which will be posted to an official college transcript. **You will be advised if the course is registered at a college different from the one which you have indicated above.**

If you need an official transcript, make your request to the college of registration. South Bay Regional can supply you with an "unofficial" transcript listing any/all courses upon request and corresponding colleges of enrollment.

Attestation/Signature:

I declare under penalty of perjury that the statements and information submitted by me in connection with this application and for the determination of residency are true and correct. All materials submitted by me for the purpose of admission become the property of South Bay Regional and its Member Colleges. I understand that falsification, withholding pertinent data, or failure to report changes in residence may result in my dismissal from the College.

_____

Student Signature **Date**