

Business and Industry Services

Student Registration Form

Phone: 608-785-9232 Fax: 608-789-6290



The following information is **REQUIRED** to register you in this class. Please print legibly~ thank you.

Date of Birth ____/____/____ Social Security Number ____-____-____ Former Last Name _____
Month Day Year (Optional)

Last Name _____ First Name _____ M.I. _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone (____) _____ E-mail address _____

This information is REQUIRED if this is your FIRST class through Western.

Did either of your parents complete a four year college degree or beyond? Yes No

Legal Resident of: County of _____

(Circle & Identify) (V) Village (T) Township (C) City of _____

High School Last Attended _____
Name City State

Date of High School Graduation (Month/Year) _____

Highest Grade Completed _____ Highest Credential Received _____

GENDER Male Female

This information is collected to enhance programming efforts at Western and is voluntary.

ETHNIC GROUP Are you Hispanic or Latino (that is, a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)? Yes No

Select any other group or groups that apply to you:

American Indian/Alaskan native Asian Black/African American Native Hawaiian or other Pacific Islander White

REQUEST FOR RELEASE OF ACADEMIC RECORDS INFORMATION

I authorize the company below and/or _____ to obtain records, including performance, grades and attendance, for the classes under this contract. I understand that this consent can be revoked in writing at any time prior to the release of this information. I further understand that I have a right to inspect and receive a copy of the material that is to be disclosed.

Signature of Student _____ Date _____

Operation Next:	B22040	Credit: Fall 2021
CNC Program:	Adam Hunter	Course Number: Multiple
Training Location:	Western Technical College, ITC 109 & 114	

November 2, 2021 – March 31, 2022

_____ ID/Enrolled