

HARRISBURG AREA COMMUNITY COLLEGE
Noncredit Registration with Permission to Bill

To:
HARRISBURG AREA COMMUNITY COLLEGE
SHUMAKER PUBLIC SAFETY CENTER
ONE HACC DR
HARRISBURG PA 17110

717-780-2607 OR
800-222-4222 x2607

FAX TO: 717-780-3295
OR E-MAIL: SPSCINFO@HACC.EDU

BILL TO:
SPONSOR: _____
ADDRESS: _____
CITY _____
STATE PA ZIP CODE _____
PHONE _____
FAX _____
E-MAIL _____

(if applicable) SPONSOR P.O.#

REQUEST

(required handwritten signature) AUTHORIZED BY:

PRINT NAME & TITLE _____

DATE _____

This letter serves as authorization to bill the above Sponsor for the following individual(s) to attend the course(s) listed below.

Name	Student ID	Birth Date	M <input type="checkbox"/> F <input type="checkbox"/>
Home Mailing Address (required)	Phone	E-Mail Address	
City	State	Zip	<input type="checkbox"/> Pennsylvania Resident
Course Title	Date	Section #	Cost

Name	Student ID	Birth Date	M <input type="checkbox"/> F <input type="checkbox"/>
Home Mailing Address (required)	Phone	E-Mail Address	
City	State	Zip	<input type="checkbox"/> Pennsylvania Resident <input type="checkbox"/> Requires accessibility accommodations
Course Title	Date	Section #	Cost

Candidates are required to complete a separate application to complete enrollment for certification examinations