



REGISTRATION

FAX to (907)246-4607

LAST FIRST MIDDLE BIRTH DATE ***REQUIRED**

ADDRESS SOCIAL SECURITY NUMBER ***REQUIRED**

CITY STATE ZIP CODE EMAIL ADDRESS

PHONE NUMBER(S)

Required Information

- Ethnicity
- AK - Aleut
 - AK - Inupiaq
 - AK - Yup'ik
 - AK - Tlingit
 - AK - Athabascan
 - AK Native - Other
 - Native American
 - Asian or Pac. Islander
 - Black Non-Hispanic
 - Hispanic
 - Caucasian
 - Other _____

Gender: Male Female Alaska Resident? Yes No U.S. Citizen? Yes No

High School Student? Yes No Veteran? Yes No

Check all that apply:

Military Credit Disabled Dual Credit for high-school student? Yes No

Have you taken classes at SAVEC before? Yes No M/YY of last class ____/____

Have you enrolled under a different name?

If so, please list name: _____

Occupational Goal: _____

Current Employer: _____

COURSE TITLE	DATES OF TRAINING

THIS SECTION IS FOR OFFICE USE ONLY – STUDENTS DO NOT COMPLETE

Funding Source or Sponsoring Grant (Please List): _____ TVEP CIP Code: _____

I understand that I am responsible for all applicable SAVEC regulations, course/activity costs whether or not I successfully complete the course/activity or courses/activities in which I am enrolling. I agree to allow SAVEC to share all information in this document with reporting and funding agencies. I agree to give SAVEC permission to take and use my picture and allow them to release information about me for publications and news releases. I also agree to release SAVEC and its employees/contractors/staff of all liability when using its facilities, grounds, and equipment including loaned/leased facilities & equipment. I understand that SAVEC has a **Zero-Tolerance** for drugs & alcohol on its property and smoking is only allowed outside.

X _____
Signature

Date