



## STUDENT INFORMATION SHEET

**PLEASE PRINT CLEARLY:**

Program/Course/Position:					Date	
Last Name			First			M.I.
Street Address					Apartment/Unit #	
City		State	ZIP		County of Residence	
Home Phone		E-mail Address			Date of Birth	
Work Phone	Cell Phone		SS No.			
Current Employer						

**TO BE NOTIFIED IN CASE OF EMERGENCY**

<b>Contact #1</b>			Relationship			
Address						
Home Phone		Cell Phone		Work Phone		
<b>Contact #2</b>			Relationship			
Address						
Home Phone		Cell Phone		Work Phone		

**STUDENT SECTION**

<b>NEWS RELEASE INFORMATION</b> <i>(CCHS DEGREE OR DIPLOMA STUDENTS ONLY—IMPORTANT FOR HONOR LISTINGS, GRADUATION, ETC.)</i>	
Name of Newspaper	
Mailing Address	
I would like my information to appear as (please include hometown):	
	Example: Jane S. Doe-Concord, NC

**PARKING REGISTRATION**

Two FREE permits are issued per student. You must list information for all vehicles that you may drive on campus. Additional permits are available for \$5. Place permit in lower left hand side of the inside front glass. **Failure to display permit will result in parking fines.** Please refer to the *Cabarrus College Student Handbook* for additional parking rules.

Student/Employee's Driver's License #	State
Make & Model of <b>Vehicle #1</b>	Color
License Plate #	State
Registered Owner	
Make & Model of <b>Vehicle #2</b>	Color
License Plate #	State
Registered Owner	

**DEMOGRAPHIC INFORMATION**

**(CCHS students only)** This information is requested by the U.S. Department of Education and is used for statistical purposes ONLY:

Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Ethnic Group: <input type="checkbox"/> Hispanics of any race For non-Hispanics only: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races _____
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To participate in SonisWeb's text messaging emergency notification system, please provide your cell phone number and provider when you update our biographic information in SonisWeb. I understand standard text rates may be charged to my cell phone provider. One test will occur each term.

I hereby certify that the above information is correct. I also understand that it is my responsibility to keep this information current with the College office.

**I also give Cabarrus College my permission to release information about my participation in activities, honors and awards to the local media and/or the newspaper indicated on this form.**

Signature	Date
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**FOR SECURITY USE ONLY**

Decal # Vehicle #1	Date of Issuance
Decal # Vehicle #2	Date of Issuance
<b>Parking Lot-CCHS</b>	Name of Responsible Person Assigning Decal(s)