

WCC Community and Continuing Education

FAX FORM

with Visa, MasterCard, American Express, or Discover

Fax number: **360.383.3201**



WCC Community and Continuing Education Registration Form

First Name _____ M. I. _____ Last Name _____ Male Female

Address _____ Have you registered before? If so, under what name? _____

City/State/Zip _____ Date of Birth _____

Day Phone _____ Evening Phone _____

Email _____ Social Security Number* _____

* To comply with federal law, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). We will use your SSN/ITIN to report Hope Scholarship/Lifetime tax credit, to administer state/federal financial aid, to verify enrollment, degree and academic transcript records, and to conduct institutional research. If you do not submit your SSN/ITIN, you will not be denied access to the college. Pursuant to state law (RCW 28B.1.042) and federal law (Family Educational Rights and Privacy Act), the college will protect your SSN from unauthorized use and/or disclosure.

Class No.	Class Title	Time	Start/End Dates	Fee

Payment Method: Visa MasterCard American Express Discover (Credit cards also accepted by phone: 383.3200)

Total Payment Enclosed: _____

Account Number: _____ Security #: _____

Name on Card: _____ Expiration: _____

Mail to: Whatcom Community College, Attn: Business Office
237 West Kellogg Road, Bellingham, WA 98226