



**PARTICIPANT REGISTRATION FORM**

Program of study: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Participant's Information**

Participant's Name: \_\_\_\_\_  
Last First Middle

Participant's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Any other names known by: \_\_\_\_\_

Birth Date (mm/dd/yyyy): \_\_\_\_\_ Gender:  Female  Male

MCC ID# or last four of SS#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Have you ever attended any non-credit workshops or credit classes through MCC (Y or N)?

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

**Please list course(s) to be taken:**

Course Name: \_\_\_\_\_

Course Name: \_\_\_\_\_

Course Name: \_\_\_\_\_

Course Name: \_\_\_\_\_

**Release Authorization:**

Students who wish to grant parental, spouse, or 3rd party access to their educational records may do so by submitting an Authorization to Release Student Information Form to the Records Office. The form must be completed, signed and dated in the presence of MCC staff. If the student does not reside near a MCC campus or center, he/she may have the form notarized and then mail it directly to the Records Office. A copy of a photo ID must be attached to the form. MCC Records' address listed on form.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_