



## 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 rear 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"/><br>F <input type="checkbox"/> | Ethnic Group: | <input type="checkbox"/> Hispanics of any race<br>For non-Hispanics only:<br><input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Two or more races _____ |
|---------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 |
|-----------|------|

### 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) |