

**HARRISBURG AREA COMMUNITY COLLEGE**  
**Noncredit Registration with Permission to Bill**

**To:**  
HARRISBURG AREA COMMUNITY COLLEGE  
SHUMAKER PUBLIC SAFETY CENTER  
ONE HACC DR  
HARRISBURG PA 17110

717-780-2607 OR  
800-222-4222 x2607

FAX TO: 717-780-3295  
OR E-MAIL: [SPSCINFO@HACC.EDU](mailto:SPSCINFO@HACC.EDU)

**BILL TO:**  
SPONSOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE PA ZIP CODE \_\_\_\_\_  
PHONE \_\_\_\_\_  
FAX \_\_\_\_\_  
E-MAIL \_\_\_\_\_

(if applicable) SPONSOR P.O.#

REQUEST

(required handwritten signature) AUTHORIZED BY:

PRINT NAME & TITLE \_\_\_\_\_

DATE \_\_\_\_\_

This letter serves as authorization to bill the above Sponsor for the following individual(s) to attend the course(s) listed below.

Name	Student ID	Birth Date	M <input type="checkbox"/> F <input type="checkbox"/>
Home Mailing Address (required)	Phone	E-Mail Address	
City	State	Zip	<input type="checkbox"/> Pennsylvania Resident
Course Title	Date	Section #	Cost

Name	Student ID	Birth Date	M <input type="checkbox"/> F <input type="checkbox"/>
Home Mailing Address (required)	Phone	E-Mail Address	
City	State	Zip	<input type="checkbox"/> Pennsylvania Resident <input type="checkbox"/> Requires accessibility accommodations
Course Title	Date	Section #	Cost

**Candidates are required to complete a separate application to complete enrollment for certification examinations**