

## Luzerne County Community College Noncredit Registration with Permission to Bill

FOR INTERNAL USE ONLY
APPROVED TO BILL
DATE:
INITIALS:
VENDOR ID:
DETAIL CODE:

<u>TO:</u>	BILL TO:
Luzerne County Community College	Agency or Dept.:
Accounts Receivable	Attn:
Public Safety Training Institute	Address:
1333 S Prospect Street	City:
Nanticoke, PA 18634	State: Zip:
	Phone:
570-740-0637	Fax:
800-377-LCCC x 637	E-Mail:
Fax 570-740-0664	
(*Required) *Print Auth *Authorize *Title:	Dept. P.O. # norized By: ed By –Signature:
course(s) listed below. Attach and initial ad RESPONSIBLE FOR PAYMENT UNLESS LCCC/I	e above Sponsor for the following individual(s) to attend the ditional pages, if needed. SPONSORING ORGANIZATION IS PSTI IS NOTIFIED OF STUDENT NONATTENDANCE AT LEAST THREE SS. Nonattendance does not constitute a withdrawal. Payment is an 30 days after issue date.

Student Name	Student Social Security No.	Birth Date   M ( ) F ( )
	Cell phone:	
Student's Home Mailing Address (required)	Phone:	E-Mail Address
Department	Department Phone	County of Residence
Department Address	State   Zip	PA Resident ( ) Non Resident ( )
Department City		
Course Title - First Course:	Date   Section#	Location   Cost
2.		

Student Signature \_\_\_\_

<sup>\*\*</sup> This form may be duplicated – 5-2012 .permission to bill form