



HARRISBURG AREA COMMUNITY COLLEGE

Noncredit Registration with Permission to Bill

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

To:
 HARRISBURG AREA COMMUNITY COLLEGE
 WORKFORCE & ECONOMIC DEVELOPMENT
 ONE HACC DR M-272
 HARRISBURG PA 17110-2999

717-780-2414 OR
 800-222-4222 X2414

FAX TO: 717-780-1135
 OR E-MAIL: WEDINFO@HACC.EDU

BILL To:
 SPONSOR: _____
 ADDRESS: _____
 CITY _____
 STATE _____ ZIP CODE _____
 PHONE _____
 FAX _____
 E-MAIL _____

(if applicable) SPONSOR P.O.# _____

(required signature) **REQUEST**
AUTHORIZED BY: _____
 TITLE _____
 DATE _____

SPONSORING ORGANIZATION IS RESPONSIBLE FOR PAYMENT UNLESS HACC IS NOTIFIED OF STUDENT NONATTENDANCE AT LEAST THREE BUSINESS DAYS BEFORE CLASS START.

This letter serves as authorization to bill the above Sponsor for the following individual(s) to attend the course(s) listed below. Attach and initial additional pages, if needed.

Name	Last Four of Social Security #	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

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