



Pitt Community College
Continuing Education & Workforce Development
EMERGENCY SERVICES REGISTRATION FORM

Please Print: Last Name _____ First Name _____ Middle Name _____ Former/Maiden Name _____

Social Security Number _____ or Student ID Number _____ E-mail Address _____

Indicate address and phone number changes: _____

Section #: _____

Course Title: _____ **Begin Date:** _____ **End Date:** _____

Job Classification associated with each student's waiver eligibility.

- | | |
|-----------------------------|-----------------------------------------------|
| Firefighter (Vol Agency) | Firefighter (County/State/Municipal Agency) |
| EMS Responder (Vol Agency) | EMS Responder (County/State/Municipal Agency) |
| Emergency Mgt. Personnel | Named in EOP |
| Telecommunicator/Dispatcher | Other: _____ |

EMERGENCY SERVICES: required for the registration fee exemption:

Dept./Agency Affiliation: _____

Job/Title: _____

Student Signature _____

Date _____

My signature attests that I am actively affiliated with the emergency service agency listed and that I hold the job classification/title indicated.



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