



Spring 2024 College in the High School (CIHS) Program Student Record Information (SRI Form)

NOTE: Failure to pay by stated deadlines will result in NOT receiving college credit for the course(s) listed below. Students should review the Spring 2024 CIHS Registration Calendar for deadlines pertaining to drops, withdrawals & refunds.

Social Security Number*: _____ **Date of Birth:** _____

Legal Name*: _____
Last First MI

*HVCC is required by federal law/regulations to collect your social security number (SSN) or correct individual taxpayer identification number (ITIN) to file information returns with the IRS and to furnish a statement to you. In addition, your name on file with the College must match your name as filed with the Social Security Administration. PENALTY: if you fail to furnish your correct SSN or ITIN to the College, you may be subject to a penalty levied by the IRS.

Personal Pronouns**:
 He/Him She/Her
 They/Them Other: _____

Chosen First Name: _____
(Please print chosen first name)

Legal Sex **: Male or Female **Optional: Gender Identity**:** Male Female Gender Fluid Non-Binary Transgender

Any student who uses a name other than the legal first name or identifies with a gender other than the legal sex may report the chosen first name and/or gender identity on this registration form. Your chosen name will be used in place of your legal name for internal communication and certain external communications. Examples of internal communications include, but may not be limited to class rosters, advising lists, and e-mails. Please note, for federal reporting purposes, individuals are required to report legal sex as either male or female.

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Check here if this a change of address **Personal Email:** _____

Cell Phone: _____ **Home Phone:** _____

As required by SUNY System, all students must answer the following two questions:

- 1. **Have you ever been convicted of a felony?** Yes No
- 2. **Have you ever been dismissed from a college or university for disciplinary reasons?** Yes No

Are you Hispanic/Latino:** No Yes **If yes, what is your background? (select one below):**
 Central American Dominican Mexican Puerto Rican South American Other/Hispanic/Latino

Please indicate your race (select one or more):** American Indian or Alaskan Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander White Two or More Races Unknown

** Hudson Valley Community College is required to furnish New York State with gender and ethnic data for every student.
 Check here if you do not know your HVCC student username and password and would like them mailed to you.

Name of Home High School: _____ **Expected Date of HS Grad.:** _____

Please list/write the course(s) you would like to enroll below:

CRN	Subject Code	Course #	Section #	Course Title	Credits
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

By entering my name below, I request registration for the above course(s) and hereby give permission to Hudson Valley Community College to send my grades and transcripts to my high school guidance office.

Student Name: _____ **Date:** _____

Guidance Counselor/HS Official Signature: _____ **Date:** _____

Please return this completed form to the Registrar's Office via email at registrar@hvcc.edu. Forms may be accepted directly from a high school official or student via HVCC student email or the student in-person with picture ID. Forms submitted by a parent or other third party will not be accepted.