



## Continuing Education Registration Form

MSCS is asking you to provide private information in order to process your registration/company billing authorization. This information will be used to register you for the requested class and to bill your employer. You are not legally required to provide this information; however, the college may not be able to effectively process your request if you do not provide sufficient information. Access to this information will be limited to school officials, including faculty who have legitimate educational interests in the information. Under certain circumstances, federal and state laws authorize release of private information without your consent: to other schools in which you seek or intend to enroll, or are enrolled; to federal, state or local officials for purposes of program compliance, audit or evaluation; as appropriate in connection with your application for, or receipt of, financial aid; if the information is sought with a court order or subpoena; or as otherwise permitted by other state or federal law.

**PLEASE PRINT AND COMPLETE ALL AREAS ON THE FORM**

\_\_\_\_\_  
First Name Middle Name Last Name

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Many colleges/universities use Social Security numbers for student identification purposes on student records. Providing your Social Security number is voluntary. If you do not provide this number, your registration will still be processed. This data is required for purposes of administration, program evaluation and consumer and alumni data. Your number also may be used to create summary information about MnSCU programs through data matches with other state agencies.

\_\_\_\_\_  
Address City State Zip Code

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ (email required for all registrations)

Class Name: \_\_\_\_\_ Class ID#: \_\_\_\_\_

Class Date(s): \_\_\_\_\_ Time: \_\_\_\_\_ Cost: \_\_\_\_\_

Payment: Check \_\_\_\_\_ Cash \_\_\_\_\_ Bill My Employer/Agency: \_\_\_\_\_

**Information below must be completed by your Employer/Agency if they are paying for you:**

\_\_\_\_\_  
Employer/Agency Name Phone #

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Authorized By Signature

Email (invoices will be emailed to this address): \_\_\_\_\_

If paying by credit card visit our website at [www.southeastmn.edu/training](http://www.southeastmn.edu/training) - click on orange "Find Course and Register Now"

If paying by check please mail to the appropriate campus location:

**Winona Campus**  
MSCS - Continuing Education  
1250 Homer Road  
Winona, MN 55987

**Red Wing Campus**  
MSCS - Continuing Education  
308 Pioneer Road  
Red Wing, MN 55066

Email registrations to [registerme@southeastmn.edu](mailto:registerme@southeastmn.edu)

If billing to an employer please complete the form and send to the email address above.