

## **Dual Enrollment Application**

District Office of Admissions/Records 1000 College Blvd; Pensacola FL 32504

The Dual Enrollment Program is a unique learning opportunity for eligible secondary students who wish to accelerate their educational goals. Please print all information in blue or black ink. Date of Birth Month/Day/Year **Student Social Security Number** Last Name **First** Middle See the SSN Collection/Usage Statement attached Print your legal name as it appears on your birth certificate @students.pensacolastate.edu City State Zip **Email address Mailing Address** Secondary Telephone Number Primary Telephone Number Check the term you plan to begin: [] Fall (August-December) [] Spring (January-May) [] Summer (May-August) CITIZENSHIP INFORMATION\* GENDER AND ETHNICITY\* Are you a citizen of the United States? [] Yes [] No Gender and ethnicity information is requested to aid in Florida's commitment to Equal Access/Equal Opportunity and to meet If you are not a U. S. citizen, answer the following: federal reporting requirements. Responses are not used in the Country of Citizenship admissions process. Are you a permanent resident alien? [] Yes [] No Gender Male Female If yes, what is your resident alien number? Ethnicity Are you Hispanic [] Yes [] No If no, indicate current status: Check all that apply: [] Black or African American Visa Type \_\_\_\_\_ Visa Expiration Date \_\_\_\_\_ Native Hawaiian or Pacific Islander [] Check here if you are an undocumented alien. Pensacola State American Native/Alaskan Native College permits the enrollment of undocumented aliens. HIGH SCHOOL INFORMATION Name of School Highest Grade Level Completed \_\_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_ I certify that the information provided on this application form is true and accurate. I agree to abide by the rules and regulations established by the State Board of Education and Pensacola State College. I understand that all classes attempted are credit courses, and the courses and grades earned will appear on an official transcript permanently. I have been provided the Social Security Number Collection/Usage Statement and know that it is my responsibility to provide this statement to my parent(s)/guardian(s). I have informed my parent(s)/guardian(s) of my participation in the Dual Enrollment Program at Pensacola State College, and my participation authorizes the College to release information to my high school regarding attendance, academic progress, grades earned, etc.

STUDENT SIGNATURE

<sup>\*</sup>Pensacola State College does not discriminate against any person on the basis of race, ethnicity, national origin, color, gender/sex, age, religion, marital status, disability, sexual orientation or genetic information in its educational programs, activities or employment. For inquiries regarding nondiscrimination policies, contact the Associate Vice President of Institutional Diversity at (850) 484-1759, Pensacola State College, 1000 College Blvd., Pensacola, Florida 32504.

## Notification of Social Security Number Collection and Use

In compliance with Section 119.071(5), Florida Statutes, Pensacola State College issues this notification regarding the purpose for the collection and use of your Social Security Number (SSN). Pensacola State College collects and uses your SSN only to perform the College's duties and responsibilities. To protect your identity, Pensacola State will maintain the privacy of your SSN and never release it to unauthorized parties in compliance with state and federal laws. The College assigns you a unique student identification number which is used for associated educational purposes at Pensacola State, including the access of your student records.

Pensacola State College may collect and/or use your Social Security Number for the following purposes:	FEDERAL AND STATE REGULATIONS
<ul> <li>Federal legislations relating to the Hope Tax Credit requires that all postsecondary institutions report student SSNs to the Internal Revenue Service (IRS). This IRS requirement makes it necessary for Pensacola State to collect the SSN of every student. A student may refuse to disclose his/her SSN for this purpose, but he/she may be subject to IRS penalties.</li> <li>The Florida public school system uses the SSN as a student identifier. It is beneficial to have access to the same information for purposes of tracking and assisting students in the transition from one educational level to the next, linking all levels of the state education system. The intent is to establish a comprehensive management database of information which will co-reside with the Division of Public Schools Information Database and the State University System Database to provide integrated information of the state level for educational decision-making.</li> <li>SSNs appear on official transcripts and are used for business purposes in accordance with parameters outlined by the United States Department of Education.</li> </ul>	Tracking uses are authorized by SBE Rule 6A-10955(3)(c), 1008.386 FS, and the General Education Provisions Act 20 USC 1221 (e-1).  Hope/Lifetime Tax Credit uses are authorized by 26 USC 6060S and Federal Register, June 16, 2000, IRC Section 25A.  Registration uses are authorized by 119.071(5) FS.  Issuance of Form 1098T for tuition payment reports is authorized by 26 USC 3402.6051.