

Registration Authorization Document

must be returned to the Start Center

(Admission and Records Office) prior

to advising and/or registration.

AUTHORIZATION ALLOWING ANOTHER PARTY TO REGISTER STUDENT

(Plea	se Print Clearly)	give
		permission to
Register me for(Summer/ Fa	semester classes	on
		Date
at Henderson Community College		
My student ID/Social Security nu	nber is	, I understand
that during the registration proce	ss the person listed above will h	ave access to my student ID and/or
Social Security number, schedule	of classes, grade transcript, and	bill which may also include current and
past balances, anticipated financi	al aid, and scholarship awards. I	also understand that this person may
also have access to other confide	ntial information contained in m	y admissions file, as needed during the
registration process.		
•		ove must present a photo ID along ster Student form to the Admissions
agree to accept the schedule of	classes determined by this perso	n an my advisor and understand
changes may not be made to the	schedule after the deadline to de	o so.
Signature		Date

For Office Use Only:

Name: _____