



# SPRING 2024 EMT CAREER PATHWAY

## Student Record Information (SRI Form)

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.

☐ Chosen First Name: \_\_\_\_\_  
(Please print chosen first name)

Personal Pronouns\*\*: ☐ He/Him ☐ She/Her  
☐ They/Them ☐ Other: \_\_\_\_\_

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 is 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.

Semester: Spring 2024

1/16/2024 - 5/10/2024

| 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 the EMT Career Pathway Program.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Program Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed form to the HVCC Registrar's Office. Forms may be emailed to registrar@hvcc.edu via HVCC student email account, faxed to 518-629-8094, or in-person by the student with a physical picture ID. Forms submitted by a parent or other third party will not be accepted.