

LRC REGISTRATION FORM

Last Name _____ First Name _____

Middle Name _____ Student ID Number _____

Address _____

City/State/ZIP _____

Home Phone (____) _____ Day Phone (____) _____

Alternate Contact: Last Name _____ First Name _____

Address _____ City/State/ZIP _____

Phone Number(s) (____) _____ (____) _____

Please submit the completed form by one of the methods below:

Email: lrc@mayland.edu

Fax: 828-765-2327

Mail: Mayland Community College
PO Box 547
Spruce Pine, NC 28777