



**State of Nebraska Learning and Development Center
External User Course Registration
Form A**

Student Information

Student Name: _____

Last Four Digits of Social Security Number: _____

Have You Accessed the State of Nebraska Learning and Development Center Before? Y N

Course(s) You Are Interested in: _____

Phone Number: _____

E-mail: _____

Organization Information

Organization: _____

Organization Address: _____

Business Unit to be billed to: _____

Billing Contact Name: _____

Billing Contact Phone Number: _____

Supervisor Name: _____

Supervisor Email: _____

Organization Coordinator and Phone Number: Jeremiah Harmon 308-385-6030 (Ext. 308)