



EDUCATIONAL TOLL FUND STUDENT REGISTRATION

DATE: _____

NAME: _____

STREET ADDRESS (LINE 1): _____

STREET ADDRESS/PO BOX (LINE 2): _____

CITY, STATE, ZIP CODE: _____

PHONE # (To Reach Student): _____

EMAIL ADDRESS: _____

TYPE OF DEGREE/CERTIFICATE: _____

SCHOOL ATTENDED: _____

SIGNATURE: _____