



SERVESAFE® Food Service Manager Certification

Please Print

Name (Mr.) (Mrs.) (Ms.)

First Middle initial Last

Social Security No. _____

BirthDate _____ Sex: M F

Street Address

City _____ State _____ ZipCode _____

Phone _____ Email _____

Ethnicity: (circle one) Black White Native American Hispanic African Asian No Response

Religion: (circle one) Baptist Catholic Episcopal Protestant Islam Jewish Lutheran Other _____

No Response

Are you a U.S. Citizen? (Circle one) Yes or No If no, indicate visa type _____ Expiration Date _____

SERVESAFE® Food Service Manager Certificate (Check box)

High School _____ Graduation Date _____

Address _____ Diploma Y N

City _____ State _____ GED Y N If yes, Date _____

Signature _____ Date _____

Make checks or Money Orders payable to Hampton University (**Business, Cashiers or Certified Check,**

Money Order)

Credit Card: MC Visa Discover AmEx

Card # _____ Exp. Date: _____ (Month/Year)

Security Code: _____ (Located on back of credit card) Cardholder Name: _____ ZipCode: _____

Received By (official use) _____ Date: _____

Mail this form: Hampton University, University College *1006 Settlers Landing Road, Suite H., Hampton, VA 23668* or if you are paying by credit card, you may enroll by phone or fax. **Phone:** 757-637-2800; **Fax:** 757-728-4175. **Scanned applications** can be emailed to gloria.smallwood@hamptonu.edu

Cancellation Policy: A cancellation notice within two days prior to the class starting is required to receive a refund or to request that a student be moved to another class date.