

## Information Technology Specialist (ITS) Certification Exam

Name (First) (MI) (Last)  
Company Title/Position  
Address  
City State Zip  
Phone Number  
Birthdate MM/DD/YYYY (for CEUs/Transcript purposes only)  
Email

*The information on this form is private data, used to identify and locate you. Name, address, and payment method are mandatory.*

**Registration Rate:** (Prices include one retake within 30 days if need be)

\$ 95.00 Students  
\$105.00 Community  
\$ 45.00 Proctor

### Payment Information:

Check or Money Order in the amount of \$

*Check or money order is payable to SCSU. A \$30 service charge will be applied if returned for insufficient funds, closed account or Stop Payment request.*

Please bill my employer, reference Purchase Order Number

Please charge my credit card in the amount of \$

Visa                      Master Card                      Discover

Card Number:

Name as is appears on your credit card bill

Address as is appears on your credit card bill

City                                      State                                      Zip

Authorized Signature

**Register one of three ways: mail, email or phone.**

To register by mail please print and mail to the address below. To register by email please print, scan and email to the address below. To register by phone, please call the number listed below.

**Mail:** St. Cloud State University  
Welcome Center  
Attn: Kim Loesch  
355 Fifth Ave S  
St. Cloud, MN 56301

**Email:** [welcomecenter@stcloudstate.edu](mailto:welcomecenter@stcloudstate.edu)

**Phone:** 320-308-6100