WILLIAMSBURG TECHNICAL COLLEGE

INFORMATION RELEASE FORM

The information you supply below may be used in the College catalog, on the website, and for release to the College community and media regarding your accomplishments at Williamsburg Technical College.

Please make an appointment by calling ext. 4185 to have a photo taken as soon as possible. Please print.

NAME: _____

FOR OFFICE USE ONLY
This information will not be released to the public unless the person is notified first.

MAILING ADDRESS: _____

CITY STATE ZIP _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____ BIRTHDATE: _____

EMPLOYMENT INFORMATION:

WTC Job Title: _____

EDUCATIONAL INFORMATION:
College/University attended Degree(s) attained

1. _____

2. _____

3. _____

PERSONAL INFORMATION (Optional):

Spouse name: _____

Child(ren) name(s) and age(s): _____

_____

By signing below, I do hereby give my permission for Williamsburg Technical College to use my name, story and/or photo in promotional materials in such a manner and for as long as is deemed necessary for the advancement of the College and its purpose.

_____ _____

Signature Date

Williamsburg Technical College is accredited by the Commission of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia 30033-4097; telephone number 404.679.4501) to award associate degrees.

PRINT COMPLETED FORM AND TAKE TO WTC HR

PIO 9/8/2020