

# WILLIAMSBURG TECHNICAL COLLEGE

## Information Request Form

Name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Anticipated WTC enrollment  Fall  Spring  Summer Year \_\_\_\_\_

Interests:

|  |  |  |
|--|--|--|
| <input type="checkbox"/> General enrollment        | <input type="checkbox"/> Financial aid application | <input type="checkbox"/> Recruiter contact |
| <input type="checkbox"/> Application for admission | <input type="checkbox"/> catalog                   | <input type="checkbox"/> Call-in           |
| <input type="checkbox"/> Transcript request(s)     | <input type="checkbox"/> course schedule           | <input type="checkbox"/> Walk-in           |
| <input type="checkbox"/> Dual Enrollment           |  | <input type="checkbox"/> Campus visit      |
| <input type="checkbox"/> Other _____               |  |  |

Signature of person taking message \_\_\_\_\_ Date \_\_\_\_\_

Signature of person doing follow-up \_\_\_\_\_ Date \_\_\_\_\_  
(mailing, calling, visiting, etc.)

**PRINT COMPLETED FORM AND SEND TO STUDENT AFFAIRS**