



SIGNATURE WAIVER AFFIDAVIT

Williamsburg Technical College
601 Martin Luther King, Jr Avenue, Kingstree, SC 29556
843-355-4110 or 800-768-2021 www.wiltech.edu

PLEASE PRINT LEGIBLY

Name of Student

Social Security Number

Check one: ☐ C.E. Murray HS ☐ Hemingway HS ☐ Kingstree Senior HS ☐ Williamsburg Academy

☐ Other – _____
Name of School

is given permission by _____
Printed Name of Parent/Guardian

to attend Williamsburg Technical College: ☐ 20 _____ Academic Year
☐ 20 _____ Academic Year
☐ 20 _____ Academic Year

I realize that he/she has not completed high school; however, given the opportunity, he/she can simultaneously successfully pursue a high school diploma and a program of study at Williamsburg Technical College as a dual enrollment student.

My signature confirms that I have received and read the dual enrollment disclaimer.

I understand that if student is under age 18, this form will be used in lieu of a parent/guardian signature on the following forms and that the student MUST sign all forms. The forms are available on the WTC website (www.wiltech.edu) for parental review:

- a. Application for Admission
- b. Information Release Form
- c. Lottery Tuition Assistance Waiver Form
- d. Student Aid Status Form

I certify that I am requesting Lottery Tuition Assistance for my student and that I have submitted or will submit, within thirty (30) days all documents necessary for processing my request. I further understand that I am responsible for the entire amount owed to WTC for my student's educational costs in the event that I fail to provide all information necessary to process my request for financial assistance or in the event that my application for financial assistance is incomplete or is denied.

I also understand that if a student takes more than or less than six (6) credit hours that I may owe a balance to the College.

Signature of Student

Date

Signature of Parent/Guardian (If student is under age 18)

Date