WILLIAMSBURGTECHNICAL 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.

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

NAME:		
MAILING ADDRESS:		
CITY STATE ZIP		
HOME 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	Dat	re

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