

# 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:  General enrollment  Financial aid application  Recruiter contact

Application for admission  catalog  Call-in

Transcript request(s)  course schedule  Walk-in

Dual Enrollment  Campus visit

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**