

# WILLIAMSBURG TECHNICAL COLLEGE

## INFORMATION RELEASE FORM

The information you supply below may be used in the College catalog and as information for release to the College community and the media regarding your employment and accomplishments at Williamsburg Technical College. If you are a WTC employee and have not already done so, please make an appointment with the Public Relations/Development Office (Room 222) to have a head and shoulders photo taken as part of this file. Please print.

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

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

### EMPLOYMENT INFORMATION:

Job Title: \_\_\_\_\_

Name of current employer (if not WTC employee): \_\_\_\_\_

Previous employer(s) \_\_\_\_\_ Job title(s) \_\_\_\_\_

### EDUCATIONAL INFORMATION:

College/University attended \_\_\_\_\_ Degree attained \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### PERSONAL INFORMATION:

Spouse name: \_\_\_\_\_

Child(ren) name(s) and age(s): \_\_\_\_\_

Civic/church activities/organizations in which you are involved (may use back of page to list)

\_\_\_\_\_

\_\_\_\_\_

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.