

Personal Representative Form

Submit this form only if you would like to have WCC release information about your admission to someone other than yourself.

Student's Name: _____ Birth Date: _____

Student WCC ID#: _____ Email: _____

I authorize WCC to release information regarding the status of my admission application to my personal representative named below:

Name: _____ Relationship to Student: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Email: _____

I certify that the information I have provided on this document is correct and complete. I will notify the Office of Admissions/International at WCC in writing of any changes in the information provided.

Signature of Applicant

Date

***Please mail this form to the address below or submit it directly from your WCC student email account to admissions@wccnet.edu**