

## 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 to the address below or email directly to [admissions@wccnet.edu](mailto:admissions@wccnet.edu) from the email address provided when submitting your application.**