



Return to:
Registrar's Office, DIF 114
Pennsylvania College of Technology
One College Avenue
Williamsport, PA 17701
registrar@pct.edu
Fax: 570.321.5536

Name _____

Title _____

Organization:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Air Force Reserve | <input type="checkbox"/> Air Force National Guard |
| <input type="checkbox"/> Army | <input type="checkbox"/> Army Reserve | <input type="checkbox"/> Army National Guard |
| <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Coast Guard Reserve | <input type="checkbox"/> Navy |
| <input type="checkbox"/> Navy Reserve | <input type="checkbox"/> Marine Corps | <input type="checkbox"/> Marine Corps Reserve |

Battalion location _____

Phone number _____ Request date _____

Semester data is requested for: Fall Spring Summer Year _____

Selection class level information (choose all that apply)

- Undergraduate students all
- Undergraduate students freshmen
- Undergraduate students sophomore
- Undergraduate students junior
- Undergraduate students senior (includes BS/MS combined program)
- Graduate students

Requested Information (please check all that apply)

- | | | | |
|--|--------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Name | <input type="checkbox"/> Email | <input type="checkbox"/> Address | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Age Range ____ - ____ | <input type="checkbox"/> Major | <input type="checkbox"/> Class level | |

Required

- I am authorized to request this data and this information will only be used for military recruiting purposes.
- I acknowledge that the information I am requesting is confidential and cannot be released to anyone outside my organization.
- I understand that under FERPA, I must destroy the data once it has been used.

Signature _____