

BLACK RIVER TECHNICAL COLLEGE

Career Planning and Placement Office

Post Office Box 468
Pocahontas, AR 7245
(870) 248-4000 ext. 4127
laura.woods@blackrivertech.org

Registrant Information Form:

NAME			SOCIAL SECURITY NO#
PRESENT ADDRESS			CITY
STATE	ZIP	PHONE #	ALT. PHONE #
EMAIL ADDRESS			GRADUATION DATE
PROGRAM OF STUDY			

The placement office should be notified immediately about name, address and phone number changes.

A resume must be turned in to the placement office with this application.

Please be advised that your application will remain in effect for one year from the date of graduation unless renewed.

AUTHORIZATION TO RELEASE INFORMATION

Please sign and date this form. FORMS THAT ARE NOT SIGNED CANNOT BE PROCESSED.

I hereby authorize the Placement Office to use my registration information and any educational records requested on my behalf. These records may be released to employers, recruiting representatives, and educational institutions.

Signature _____ Date _____

Return to: Black River Technical College Placement Office

For office use only

Termination Date

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