



Early College Contact Sheet

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Cell Home

Do you want to receive text updates from GBCC? YES NO Cell Phone Carrier: _____

Date of Birth: _____ Email: _____

High School: _____

*High School Graduation Date: _____ or Year GED Awarded: _____

What is your career interest? _____

How did you first hear about GBCC?

- | | | | |
|---------------------------------------|--|---------------------------------------|---|
| <input type="checkbox"/> College Fair | <input type="checkbox"/> HS Guidance Counselor | <input type="checkbox"/> HS Teacher | <input type="checkbox"/> Current/Former Student |
| <input type="checkbox"/> Work | <input type="checkbox"/> Internet | <input type="checkbox"/> Info Session | <input type="checkbox"/> Admissions Visit to HS |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Family Member | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other |

For Office Use Only

Notes: _____

Recruiter Initials: _____ Appointment Walk-In