

GUILFORD TECHNICAL COMMUNITY COLLEGE
Solicitation and Visitor Reservation Form

DATE: _____

NAME: _____

TITLE: _____

OTHERS INVOLVED IN ACTIVITY:

NAME(s): _____

NAME(s): _____

TYPE ORGANIZATION: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____

EMAIL ADDRESS: _____

PURPOSE OF VISIT: _____

CAMPUS REQUESTED: _____

DATE(s) OF ACTIVITY: _____

TIME(s) OF ACTIVITY: _____

REQUESTED METHOD OF SOLICITATION Email Face-to-Face
Limited to One per Event

FOR OFFICE USE ONLY:

Authorization for Solicitation and Visitor Reservation

FOR GENERAL PUBLIC AND EMPLOYEES:
VICE PRESIDENT, BUSINESS & FINANCE

FOR STUDENTS:
VICE PRESIDENT, STUDENT SERVICES

(SIGNATURE)

(DATE)

NOTE: GTCC reserves the right to cancel this authorization at any time, should the rights or activities of students, faculty or staff be interfered with or disrupted.