



# Richard Bland College

OF THE COLLEGE OF WILLIAM AND MARY

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## Information Request Card (Please Print)

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone with Area Code \_\_\_\_\_ Field of Interest: \_\_\_\_\_

High School: \_\_\_\_\_ GPA: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please send me the following:

Catalogue

Financial Aid Information

Application for Admission

Other \_\_\_\_\_