

## USCA/USMT Information Request Form

Please print and fax this form to 217.753.0013 or mail to:  
USCA, 2913 W White Oaks Dr, Springfield, IL 62704.

### What program are you interested in?

- Cosmetology
- Classic Barbering
- Nail Tech
- Instructor
- Esthiology
- Massage Therapy

### What is your schedule?

- Full Time
- Part Time
- Haven't Decided

### What is your education level?

- High School Diploma
- G.E.D
- Still in High School

### What is your preferred start date?

- Next Available Class
- Haven't Decided
- Other \_\_\_\_\_

### Tell Us About You

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_