



College Goal Oregon Event Date Confirmation



Site Name _____

Contact Person _____

Phone _____ Email _____

College Goal Oregon (CGO) 2017

Please choose one of the following CGO site types:

____ Traditional One Day Event ____ Several Events ____ FAFSA Plus+ Only

Date(s)

Please indicate the date(s) you will hold your 2017 College Goal Oregon Event(s). **Please note: Earlier dates are more likely to fall before the Oregon Opportunity Grant deadlines.**

Date: _____ Time: _____

Date: _____ Time: _____

Location

Please indicate the location of your event including building names and/or room numbers.

Authorizing Signatures

I understand that my site will be responsible for any costs if the site changes the date of a traditional one day event. The Office of Student Access and Completion is not responsible for any changes to marketing materials for the statewide events if the site changes the assigned date.

Campus, High School, or Organization Administrator (optional)

Name _____

Signature _____ Date _____

College Goal Oregon Coordinator

Name _____

Signature _____ Date _____

Submit completed form to:
Fax (541) 687-7414 Attn: Kristin Vreeland
Email: Kristin.vreeland@state.or.us