

**2019 TEXAS TWO-YEAR COLLEGE ALL-STATE CHOIR
STUDENT VERIFICATION FORM (FEBRUARY 13-16, 2019)**

The Region Representative should SCAN and EMAIL this form to jleeTTCCDA@gmail.com as soon as possible after the auditions but no later than Dec 1. Required fields have asterisks beside them.

*College Name	*Director's Name
*College Address/City/Zip	*Director's Address/City/Zip
*College Phone	*Director's Home Phone
College Fax	Director's Fax
*College E-Mail	*Director's E-Mail

THIS SECTION IS FOR THE FIRST EIGHT STUDENTS CERTIFIED (OCTET OR ANY PART OF) WITH ONE PERSON ON EACH PART. SEE BELOW FOR ALTERNATES. PLEASE COMPLETE ALL THE REQUESTED INFORMATION.

Voice Part	Student Name (as to appear in program)
Soprano I	
Soprano II	
Alto I	
Alto II	
Tenor I	
Tenor II	
Bass I	
Bass II	

Certified Alternates (Add additional lines on the back if needed)

Voice Part								Student Name (as to appear in program)
S1	S2	A1	A2	T1	T2	B1	B2	

Directors' Signatures Verifying Audition (There must be a minimum of three directors judging the audition process.)
