

Ithaca College
CAREER SERVICES
953 Danby Road
Ithaca, New York 14850-7114
Phone: (607) 274-3365 Fax: (607) 274-1688

Credential File Registration Form

(Please Type or Print Legibly)

Name _____ **Email:** _____
(First) (Middle) (Last)

Present Address _____
_____ **Phone** _____

Permanent Address _____
(If Different) _____ **Phone** _____

Major(s) _____ **Minor** _____

___ Undergraduate Program Mo/Yr of Graduation _____ Ithaca College Degree(s) _____

___ Graduate Program Mo/Yr of Graduation _____ Ithaca College Degree(s) _____

School: ___ Business ___ Communications ___ Health Sciences & Human Performance
___ Humanities & Sciences ___ Interdisciplinary & International Studies ___ Music

Release of Student Information

Due to the Family Education Rights and Privacy Act (Public Law 93-380), all students and alumni maintaining recommendations and other credentials at Career Services, must submit written and signed consent to whom their credentials may be released. In addition, by my signature below, I hereby authorize Career Services staff to process my faxed requests.

I also authorize the Ithaca College Career Services staff, at their discretion, to send by mail or fax, all information contained in my Credential File to any prospective employer who should submit a written request for my credentials. Written requests may be made by mail or fax.

My signature below constitutes agreement of the aforesaid statements.

Signature _____ **Date** _____

Office Use Only:

Date Paid _____ Cash _____ Check _____
Stats _____ Initials _____