



# Student Credentials Form

(Do not include information where prohibited by law.)

<b>PERSONAL DATA</b>	Name _____
	E-Mail _____
	Permanent Address _____
	Phone Number _____ Cell Phone Number _____
	Graduation Date (month and year) _____
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<b>CHECK ONE:</b>	
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student Visa	

<b>AUTHORIZATION</b>	<b>CREDENTIALS ACCESS &amp; AUTHORIZATION</b>
	In accordance with the Family Educational Rights & Privacy Act of 1974, I <input type="checkbox"/> WAIVE <input type="checkbox"/> MAINTAIN my right to review my placement credentials.
	For the purposes of furthering the Career Center's efforts to assist me in securing employment or graduate school acceptance, I hereby AUTHORIZE Career Services to disclose information in my placement credentials, including directory information.
	Signature of Candidate _____
Date _____	