

To utilize the following services, specific information about yourself and written authorization to share this information with employers is necessary. By initializing your selections below, you indicate your understand credential file and resume referral procedures.

		<i>lervice</i> - I will complete the locality/employers).	Berry College Credential	Forms and secure at least the	ıree
	In accordance w	ith the Family Educational	Rights and Privacy Act	of 1974:	
	I waive my right of access to references in my file. I understand that the reference writer and the employer will know that I do not have access.				
		to have access to references i yer will know that I have acce		nat the reference writer and	
	Release of Inform	mation Authorization:			
		orize the release of my referency written request.	es to employers and/or graduate/professional schools		
		of Information Authorization or ize the release of my resume		s upon the employer's reques	st.
l understand	and authorize the abov	re stated policies.			
You	ur Signature	Last 4 Digits of your	Social Security Number	Current D	ate
CURRENT INFORMATION:			PERMANENT ADDRESS:		
Please print full name SS#			Street Address		
Degree	Major(s)	Minor(s)	City	State	Zip
Grad Date (Mo	onth/Year)	(Area Code) Phone #	(Area Code) Phone	#	
Street Address	3		Berry Email Address		
City	State	Zip	Mos	t Frequently Used E-mail Add	ress