

Credential File (Form A)

Date _____ Major _____ Graduation Date _____

Name _____
Last First M.I.

Address _____
Street Apt. Number

_____ *City State Zip*

Phone _____

WNYRIC Application ID _____

I hereby authorize the Co-op and Career Development Department to grant access and/or release references relating to me contained in the files of said office for the purpose of furthering its efforts to assist me in securing employment and/or admittance to graduate school. I also authorize the Department to release the references contained in my file to employers without my written notification. I understand that these files will be utilized only for employment purposes or graduate school admittance.

I understand that it is my responsibility to keep my file active and update my file with letters of recommendation and/or have my file sent out for employment or graduate school purposes. I further understand that if the credential file has had *no activity* for a period of 20 years, my file is considered inactive and will be destroyed without prior notification.

I understand that in order to revoke this authorization, I must do so in writing and that the revocation shall not apply to references to which access has been granted or which have been released prior to the date of revocation.

Signature

----- **For Office Use Below This Line** -----

References Received

Date

Name of Reference

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____