

CONFIDENTIAL CREDENTIAL FILES
AUTHORIZATION TO RELEASE INFORMATION

I, _____, give permission to the North Carolina State University Career Center to release all records and information (resume, reference forms, and optional transcript) contained in my Education Credentials File to any education institution that so requests for the purpose of employment.

Upon signing this release, I understand that my file and all references, transcripts and resumes it contains become the property of the University Career Center and, therefore, may not be removed from the Center.

Student or Alumnus Signature _____

Date _____

Local Adress: _____

Permanent Address: _____

Phone Number: _____

Phone Number: _____

THIS STATEMENT COMPLIES WITH AND IS REQUIRED BY CURRENT FEDERAL LEGISLATION