

OFFICE OF CAREER SERVICES
COLLEGE OF CHARLESTON
CHARLESTON, SC 29424

CREDENTIAL FILE INFORMATION FORM

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NAME: _____
 (LAST) (FIRST) (MIDDLE/MAIDEN)

GRADUATION DATE: _____
 (MONTH/YEAR)

SSN: _____

DEGREE: (Circle highest level received/expected)
 BS BA M Ed MAT MA MS MPA

MAJOR(S): _____

MINOR/CONCENTRATION: _____

CURRENT ADDRESS: _____

CURRENT PHONE#: _____

E-MAIL: _____

PERMANENT ADDRESS: _____

PERMANENT PHONE # _____

.....
For Career Services use only:

Date file established: _____

**College of Charleston
Office of Career Services
Recommendation and Transcript Release Authorization**

Permission to Disclose Information

I hereby grant permission to the College of Charleston Office of Career Services to release information contained in my credential file to employers, educational institutions, and foundations for the purpose of assisting me in obtaining employment, admission to graduate school, fellowships, and/or scholarships.

Signature: _____ Date: _____

Waiver of Access to Confidential Recommendations

I hereby waive my right to access confidential recommendations contained in my credential file. I understand that these statements are confidential to me and can be released only by the Office of Career Services when requested by myself or by a potential employer.

Signature: _____ Date: _____

Credential File Request Policy

I understand that five copies of my credential file will be mailed free of charge, and that additional requests for copies of my credential file will incur a \$2.00 fee per mailing. I also understand that Career Services reserves the right to refuse additional credential file services to me if I have an outstanding accounts due balance.

Signature: _____ Date: _____