

REFERENCE CONSENT FORM

I agree to allow Career Services to send my credentials in connection with job opportunities or graduate school.

I have elected:		A confidential file. Your statements will not be subject to my inspection.
		A non-confidential file. Your statements will be subject to my inspection.

Print Name

Sign Name

Date

REFERENCES

	Name	Address	Position
1.			
2.			
3.			
4.			
5.			

(Ask permission before you list someone as a reference.)