



# Career Services Center

## Activation Card For use in Career Service Center – Will not be sent to employers

Please print or type

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Present Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

EDUCATION RECORD ( <i>Most recent first</i> )			
Degree Granted/ Certificate Conferred	College/University	Field of Study	Mo/Yr of Graduation

**Reference Letters:** Please write in names of all persons whose letters you wish to be active in your file. All others will be placed in the inactive section of your file.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### AUTHORIZATION TO ESTABLISH AND RELEASE CREDENTIALS

#### Permission to Establish and Maintain Credentials

I hereby authorize Career Services Center at Columbia College to establish and maintain a credentials file on my behalf. I understand that this file may include references and evaluations that I have not inspected, either because they were written prior to the effective date (January 1, 1975) of Public Law 93-380 or because I waived my right of access to those documents. I also understand that this credentials file will contain a transcript of my academic record.

#### Permission to Release Credentials to Employers

I also authorize Career Services Center at Columbia College to send a copy of my credentials file, including any references that I have not inspected, to prospective employers. I understand that the copy may be sent either in response to a written or oral request from an employer or at my written request. I further understand that Career Services will not notify me whenever a copy of my credentials file has been sent in response to either type of request noted above.

**I understand that it is my responsibility to confirm that the letters I wish to have contained in my file have been received by Career Services. I understand that all written requests to forward this file will be processed by Career Services regardless of the status of my letters of reference and transcript(s).**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

No credentials file will be established or sent out from this office until this Authorization to Establish/Release Credentials is completed and returned to: Career Services Center, AHSC, Room 212, Columbia College, Columbia, MO 65216

This publication is available in alternative media on request. Columbia College is committed to affirmative action, equal opportunity, and the diversity of its workforce.