

KEUKA COLLEGE
Center for Experiential Learning

AUTHORIZATION TO RELEASE INFORMATION

For the purpose of furthering its efforts to assist me in securing employment or acceptance to graduate school, I authorize the staff of the Center for Experiential Learning at Keuka College to release information contained in my credential file. I understand that I must notify the Center for Experiential Learning either in writing, e-mail or fax to request my credential file. Telephone requests cannot be accepted.

PRINT NAME: _____ CLASS OF: _____

SIGNATURE: _____ DATE: _____

Only an original signature on this form will be accepted. Form may be printed out and mailed to the Center for Experiential Learning. Faxes of this form cannot be accepted. Credential file requests will not be processed until this authorization is received.

6/08

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