



CAREER CENTER
Illinois State University

Illinois State University	Career Center	Campus Box 2520	Normal, IL 61790
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AUTHORIZATION FORM

Pursuant to the “Family Educational Rights and Privacy Act of 1974”, as amended, and the Regulations promulgated thereunder, I authorize the Career Center at Illinois State University to send a copy of my credentials to prospective employers as requested by me, or as requested by a prospective employer.

I understand that information received by the Career Center will be open to me **with the following exceptions:**

- References to which I have waived the right of access.
- Confidential reference dated prior to November 19, 1974.

I am aware that, as a registrant, **ALL** policies and procedures of the Career Center apply to me regarding, payment of appropriate fees, completion of forms, and the use of my credentials.

Name _____ Date _____
Please Print

Signature _____

University ID Number _____
(last 4 of Social Security Number and Date of Birth if UID Number is unknown)

Mailing Address _____

Phone Number _____

E-Mail _____

Please send signed form to address or fax number listed above.