



Registration for Credential File Services

Name: _____ Banner ID# _____
Last First Middle

Address: _____ Phone #: _____

_____ E-mail: _____

Expected Graduation Date: _____
Month Year

Major: _____

Minor/Concentration: _____

Memorandum of Understanding

In an effort to secure employment or graduate/professional school admission, I hereby request and authorize the Office of Career Services at Utica College to receive from persons or institutions, selected by me, letters of recommendation written by those persons or institutions in accordance with Section 438 of the Family Educational Rights and Privacy Act of 1974 (Public Law 93-380), commonly called the "Buckley Amendment."

I realize that these letters of recommendation will be maintained on a confidential basis, except to those employers or institutions who desire the information contained therein for purposes of reviewing an application for employment or graduate/professional school admissions. However, I understand that I, too, have the right of access to these letters of recommendation, unless I choose to waive my right of access to any or all letters of recommendation.

I will determine my right or waiver of access to each letter of recommendation on the forms given to me for the purpose of gathering such letters.

- I am solely responsible for requesting and updating information contained in my file. I also assume responsibility for monitoring the contents of my credential file.
- The entire contents of the file will be sent to employers/institutions when requested unless otherwise specified.
- My first five (5) file requests are free of charge, after which I will be charged \$5 per referral address. Fees may be paid by check, money order, cash or credit card and are due within 1 week of request. The Office of Career Services reserves the right to suspend mailings of my file if there is a delinquent balance.
- A written, signed Credential Request Form must be submitted to the office either in person, by fax, mail, or scanned and e-mailed before my file will be sent out. Telephone requests will not be accepted.
- It is my responsibility to follow up on any requests in processing my file. The Office of Career Services assumes no responsibility for the failure of credentials reaching their destination when internal records show that the file was processed as requested.
- My file will be maintained for five (5) years from the date signed below. After that, if I choose to utilize this service, I must re-register and submit new information.

I understand and agree to the terms of the above outlined procedures for establishing, maintaining, and forwarding a credential file with the Office of Career Services.

Date

Signature