

THE CREDENTIALS OFFICE

Office of Career Services
BOSTON UNIVERSITY
19 DEERFIELD STREET
BOSTON, MASSACHUSETTS 02215

CONSENT TO GRANT ACCESS OR RELEASE RECORDS TO THIRD PARTIES•

I hereby authorize The Office of Career Services Staff to release materials contained in my file to prospective employers, graduate schools or other parties as requested.

SIGNED: _____

Social Security Number: _____ Date: _____

ACCESS TO REFERENCES

Under the 1974 Family Educational Rights and Privacy Act, I may have access to my references unless I voluntarily waive that right. I have read the information above and I:

(Please check one and sign below)

DO NOT waive my right to view my references

DO waive my right to view my references

SIGNED: _____

Social Security Number: _____ Date: _____

