



CAREER SERVICES CREDENTIALS REGISTRATION FORM

NAME _____ ID Number _____
Last First Middle

PERMANENT ADDRESS _____
Street Address

City State Zip Code

E-MAIL ADDRESS _____ PERMANENT PHONE _____

MAJOR _____ MINOR _____

DATE DEGREE REQUIREMENTS WILL BE MET: _____

Agreement

By registering with the Career Services Office and enabling it to keep accurate records and give efficient service, I agree to keep the office fully informed as to my positions and changes of name and address. I agree to respond promptly to all notices, both in contacting employers and keeping the credentials service informed as to the action taken, relative to the position for which I have been suggested.

I understand that I am responsible for maintaining my file and that after a period of seven years without any activity, credential files will be removed from the system and destroyed.

I agree to the release of my credentials to those employers and graduate schools that request them upon receipt of a signed request from me.

I understand that I am responsible for soliciting the persons who are to furnish references from my file. I also understand that if I choose a closed file, I waive my right of access to the confidential references and that they are for the use of bona fide employers only.

I understand that registration with the Career Services Office does not imply placement or employment guarantees.

In accepting the services of the Career Services Office, I agree to abide by the established policies and procedures of that office and I understand that failure to fulfill these arrangements will mean that my file may be placed on permanent inactive status.

Signature

Date

Career Services ■ Shenandoah University
202 Cooley Hall ■ 1460 University Dr. ■ Winchester, VA 22601
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