Austin Peay State University Career Services

Authorization Form

AUTHORIZATION FOR RELEASE OF CREDENTIALS (select A or B and sign accordingly)

OPTION A

- I authorize the Office of Career Services to mail or fax my credentials when an employer requests them in connection with job consideration.
- I authorize the Office of Career Services to mail or fax my credentials should an employment agency request them in connection with job consideration.
- I authorize the Office of Career Services to mail or fax my credentials should a graduate school request them to be used in considering me for admission, scholarship or fellowship.

_____ A_____ _____
Signature A# Date

OPTION B

- I **DO NOT** authorize the Office of Career Services to release any information or copies **except upon written request from me**.

_____ A_____ _____
Signature A# Date

Please tell us about your plans following graduation (check all that apply):

□ I am currently looking for a job after graduation.

□ I will be in graduate school at _____.

□ I have accepted employment after graduation with _____.

□ I will be in the military service (list branch) _____.

□ I do not plan on being employed after graduation.

□ Other (please specify) _____.