

# CAREER SERVICES PLACEMENT CREDENTIAL FORM

NAME \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN NAME

CURRENT ADDRESS \_\_\_\_\_  
STREET, RURAL ROUTE, PO BOX CITY, STATE, ZIP CODE

PERMANENT ADDRESS \_\_\_\_\_  
STREET, RURAL ROUTE, PO BOX CITY, STATE, ZIP CODE

TELEPHONE NUMBER (S) CURRENT \_\_\_\_\_ PERMANENT \_\_\_\_\_

Non-UCA EMAIL ADDRESS \_\_\_\_\_

UCA EMAIL ADDRESS \_\_\_\_\_

MAJOR \_\_\_\_\_ GRADUATION DATE \_\_\_\_\_

OTHER DEGREE (S) HELD \_\_\_\_\_

## PERSONAL REFERENCE REQUEST

Personal references may include UCA faculty, former or current employers, personal acquaintances, etc. You must supply our office with a **complete mailing address** on all of your references. When this form is returned, the necessary form will be sent to each person listed. Your placement file will be active for three (3) years after graduation. To reactivate your file after 3 years, you must submit an updated resume and reference.

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	NAME	POSITION	EMAIL	MAILING ADDRESS
1.				
2.				
3.				
4.				

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### CONSENT TO GRANTING ACCESS TO, OR RELEASE OF RECORDS TO, THIRD PARTIES

I HEREBY AUTHORIZE THE UCA CAREER SERVICES CENTER, ITS DIRECTOR, AND ITS STAFF TO GRANT ACCESS TO AND/OR RELEASE MY PLACEMENT CREDENTIALS FOR THE PURPOSE OF ASSISTING ME IN SECURING EMPLOYMENT.

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SIGNATURE (REQUIRED) \_\_\_\_\_ DATE \_\_\_\_\_