



Consent to Disclose Information

Name _____

Permanent address _____

Telephone Number _____ Graduation Year _____

I understand that to prevent unauthorized disclosure of personally identifiable information from my records on file with the Career Center, the Career Center will not disseminate my credential file and/or resume to third parties without my written consent. I also understand that I may revoke this consent at any time with a written and signed revocation.

CONSENT TO DISCLOSE INFORMATION

For the purpose of furthering its efforts to assist me in finding employment or admission to graduate school, I hereby authorize the Career Center at St. John Fisher College to disclose by mail, fax, e-mail or any other means, my credential file and/or resume to prospective employers or graduate schools.

I understand that this authorization can only be revoked in writing and that such revocation will not apply to materials released prior to the date of the receipt of such revocation by the Career Center at St. John Fisher College. I release the Career Center staff at St. John Fisher College and St. John Fisher College from any liability to me for consequences arising from authorized disclosure.

(Signature)

(Date Signed)

I understand that my file will be kept in the Career Center for five (5) years, after which it will be destroyed. _____

If I choose to revoke consent I may complete the following or otherwise inform the Career Center with a written and signed revocation.

REVOCAION OF CONSENT TO DISCLOSE INFORMATION

I revoke my consent to disclose my resume/credential file and any other information contained in the Career Center at St. John Fisher College.

(Signature)	(Date Signed)