



Emergency Authorization for Employers' Reference Requests

Cleveland Hall 306, 1300 Elmwood Avenue, Buffalo, NY 14222
(716) 878-5811

<http://cdc.buffalostate.edu>
askcdc@buffalostate.edu

I, _____
PLEASE PRINT first/middle/maiden/last name(s)

authorize the Career Development Center (CDC) to release my reference file to employers and graduate schools **UPON THEIR REQUEST**. I understand the request must be made by the employer or graduate school. I will be responsible for the fees thus incurred and understand that no additional requests will be honored until the fee is paid.

Signature

Date

Graduation Date

Degree

Major

B _____
Banner User ID

E-mail Address

Permanent address:

Temporary address:

Telephone: _____

Telephone: _____

PLEASE READ

In keeping with the Family Rights and Privacy Act of 1974, it is college policy to require that requests for references be made in writing by the candidate and be accompanied by a fee. However, there may be circumstances when an employer or graduate school would need your references immediately for use in considering you for employment or admission.

Under these circumstances, your signature above will authorize the CDC to release your reference file at an **EMPLOYER'S OR GRADUATE SCHOOL'S REQUEST**. In addition, your signature will indicate your responsibility for paying the reference fee incurred. There is an additional charge if the employer and/or graduate school requests the references to be faxed. No additional reference requests will be honored until the outstanding fee is paid.

Please note that under the above circumstances, all references in the file will be sent.

Return this form to the Career Development Center.