Career Development Center

Reference File Request Form

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

cdc.buffalostate.edu
askcdc@buffalostate.edu

Name:(Last) _____ (First) _____ (M.I.) _____ (Maiden Name) _____

Banner User ID: B __ __ __ __ __ __ __ __   Today's Date: _____

Address:(Street) _____ (City) _____ (State) _____ (Zip Code) _____

Telephone #: _____ Email: _____ Major: _____

Month/Year of Buffalo State BS/BA Degree _____ MS/MA Degree _____

Signature _____

MAILING REFERENCES: The fee for mailing your references is $3.00 for each set mailed (additional spaces on other side). Clear and complete address ensures receipt of references.

Name: _____ Title: _____

Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

☐ Send all references   *OR*   ☐ Send only the following references: _____

_____

_____

Name: _____ Title: _____

Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

☐ Send all references   *OR*   ☐ Send only the following references: _____

_____

_____

UPLOADING REFERENCES: The CDC will **scan** your references into electronic format and upload them directly into the **Western New York Regional Information Center (WNYRIC) School Application System**. The cost of uploading your reference file is $20.00. Uploading allows access to all participating school districts using this system. After an initial upload of your reference file, any new references to be scanned and uploaded will have a $3.00 fee per upload/per system.

Please Check the Uploading Service Requested:

Western New York Regional Information Center School Application System (www.wnyric.org/application)

☐ Upload my reference file. Provide your 10 digit applicant ID number assigned to you by the system (found in the "General Information" section of the application). The fee for initially uploading your reference file is $20.00.
Applicant ID#: _____

☐ I have already had my reference file uploaded and need to add new/additional references. The fee for uploading any additional references will be $3.00 per upload. Applicant ID#: _____

PLEASE CONTACT A CDC STAFF MEMBER FOR ANY OTHER SCHOOL DISTRICT OR GRADUATE SCHOOL REQUIRING ELECTRONIC REFERENCES.

FOR OFFICE USE ONLY:

Fee Rec'd. _____ Cash _____ Check _____ Student Acct. Receipt # _____ By _____ Date Rec'd _____

(OVER)

Mail References To: (Clear & complete address ensures receipt of references.)

Name: _____ Title: _____

Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

☐ Send all references *OR* ☐ Send only the following references: _____

_____

_____

_____

Name: _____ Title: _____

Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

☐ Send all references *OR* ☐ Send only the following references: _____

_____

_____

_____

Name: _____ Title: _____

Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

☐ Send all references *OR* ☐ Send only the following references: _____

_____

_____

_____

Name: _____ Title: _____

Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

☐ Send all references *OR* ☐ Send only the following references: _____

_____

_____

_____

Name: _____ Title: _____

Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

☐ Send all references *OR* ☐ Send only the following references: _____

_____

_____

_____

The entire contents of your file will be sent unless otherwise noted.

References will **NOT** be sent for students with a financial obligation to the college.

All requests must be accompanied by the fee. Make checks payable to CAREER DEVELOPMENT CENTER.

Rev. 02/21