

# RECOMMENDATIONS FILE REGISTRATION AGREEMENT

Name: \_\_\_\_\_ Class of \_\_\_\_\_  
(print)

Permanent Address: \_\_\_\_\_  
(street)  
\_\_\_\_\_  
(city) (state) (zip)

Telephone: \_\_\_\_\_  
(area code)

Email address: \_\_\_\_\_

## READ CAREFULLY AND COMPLETE

Pursuant to the Family Educational Rights and Privacy Act of 1974, I authorize the *Salisbury Center for Career Services* of Hobart and William Smith Colleges to collect and maintain a recommendations file for the purpose of assisting me in my search for employment and/or admission to graduate/professional school.

I am aware that as a registrant for the recommendations service, all policies and procedures of the *Salisbury Center for Career Services* apply to me regarding completion of all forms and the use of my recommendations.

I understand that any information received by the *Salisbury Center for Career Services* will become property of Hobart and William Smith Colleges and will be shared with me at my request **with the following exceptions:**

1. Confidential recommendations and/or files or materials dated prior to January 1975.
2. Recommendation letters to which I have waived the rights of access.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**I hereby waive the right of access to my recommendations file. I understand that any information in my recommendations file is considered confidential and will not be shared with me.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_