

Student Credential Release Agreement

**Student Employment Services
& Co-op Center**

Name: _____

Student ID No.: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

STUDENT CREDENTIAL RELEASE AGREEMENT

- The Student Employment Services & Co-op Center has my authorization to send my credentials to any potential employer and/or college either at my request or at the request of the employer/college.
- I understand that in accordance with the 1974 Family Education Rights & Privacy Act, I have the right to read the recommendations submitted by reference writers, which are contained in my credentials file. I may request file access by bringing in personal identification (student ID, driver's license).
- I understand that my file will be destroyed five years after this date unless I notify DCCC that I wish my file to be retained.
- I will keep the Student Employment Services Center informed as to any changes in my name, address and phone number.

901 South Media Line Road
Media PA 19063-1094

www.dccc.edu

610-359-5304

SIGNATURE: _____ DATE: _____

Month/Year of Graduation: _____