

MASTER FILE CARD

You must be a student receiving a degree from UNC-Chapel Hill or an alumnus/a of UNC-Chapel Hill to establish a file. Fax to (919)-962-2197 or mail to UCS, CB# 5140, UNC, Chapel Hill, NC 27599-5140

Name _____
(Last, First, Middle)

Present Address _____

Permanent Address _____

Phone# _____ E-mail Address _____

Graduation Date _____ Degree _____ Major _____
(e.g., BA, MS, PhD, etc.)

I hereby authorize University Career Services of the University of North Carolina at Chapel Hill and its representatives to release my reference file, including confidential evaluations, to prospective employers, educational institutions, and employment agencies considering me for employment or graduate school admission. University Career Services is also specifically authorized to release my reference file pursuant to an e-mail or Internet request that purports to come from me.

I authorize UCS to accept my signature on this release form by fax.

Last four #'s of SS# _____

Signature _____

Date _____

FORM # 1 Rev.1/16/02

FOR OFFICE USE ONLY: SET-UP FEE PAID: _____ ANNUAL FEE PAID: _____ RECEIPT NUMBER: _____
