

**THE COLLEGE OF NEW JERSEY
Office of Career Services**

**CREDENTIALS SERVICES
REGISTRATION FORM**

PLEASE TYPE OR PRINT

Name

Street Address

City

State

Zip Code

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Permanent Telephone #

Cell Phone

CONSENT TO DISCLOSE TO THIRD PARTIES

I authorize the administrative staff of the The College of New Jersey Office of Career Services to disclose the information contained in my credentials file to all prospective employers and/or graduate and professional schools.

I understand that in order to revoke this authorization, I must do so in WRITING. Such revocation shall not apply to information from records which have been disclosed to third parties prior to the date of revocation.

Signature

Date