



# RECOMMENDATION FILE REGISTRATION AGREEMENT

Name (print) \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Permanent Address \_\_\_\_\_  
\_\_\_\_\_

## **READ CAREFULLY AND COMPLETE:**

Pursuant to the Family Educational Rights and Privacy Act of 1974, I authorize the Career Center of Lawrence University to collect and maintain a recommendation file for the purpose of assisting me in my search for employment and/or admission to graduate/professional school. Only those materials, which have been authorized by me, will be included in my file.

I will further authorize the office to disclose my recommendations at my written request.

Signature \_\_\_\_\_

Date \_\_\_\_\_

I am aware that as a registrant for the recommendations service all policies and procedures of the Career Center apply to me regarding completion of all forms and the use of my recommendations. I agree to provide any information necessary for facilitating placement services.

I understand that any information received by the Career Center will become the property of Lawrence University 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 1, 1975.
2. Recommendation letters or other materials to which I have waived the right of access.

Signature \_\_\_\_\_

Date \_\_\_\_\_