Name (type or print)				
	Last	First	Middle	Maiden
Graduation Date	Social Security Number			
CERTIFICATION OF ACCURACY				
I hereby certify that the inf my credential file is true as	-		-	nter for inclusion in
S	ignature of Candida	te		Date
CREDENTIAL FILE RELEASE AUTHORIZATION				
I hereby authorize the release of my credential file from Monmouth College to an employer or educational institution requesting such information which in the discretion of the Wackerle Career & Leadership Center staff have a bona fide and legitimate placement purpose in requesting such information. I understand that my credential file will include a candidate data form, letters of reference, a copy off my Monmouth College transcript and any other information present at my request or with my approval, and with the approval of the Director of the Wackerle Career & Leadership Center.				
Signature of Candidat		te		Date
WAIVER OF ACCESS ACKNOWLEDGMENT				
I understand Public Law 9 right to inspect and review January 1, 1975. I underst is to be done in writing and action occurring after the r	all of their official of and a student may well d signed by the stude	educational records a vaive her/his right to ent. I understand a v	and letters of reference v inspect and review lette vaiver may be revoked v	written on or after ers of reference which with respect to any
S	ignature of Candida	te		Date