

PLEASE PRINT:

Name: \_\_\_\_\_  
Last First MI

### AUTHORIZATION AND RELEASE FOR REFERENCE SERVICE

In connection with my efforts to secure employment or entrance to graduate school, I hereby request and authorize Rochester Institute of Technology, through its Office of Cooperative Education and Career Services, to receive, from persons or entities selected by me, letters of recommendation to employers or schools who indicate to the office that they have received an application from me. Information contained in the letters of recommendation is to be used for purposes of reviewing my application. The Office of Cooperative Education and Career Services in no way bears any liability to me for any consequences of such disclosure.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Major & Degree

\_\_\_\_\_  
Year & Quarter of Graduation

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number