UTICA COLLEGE
OFFICE OF CAREER SERVICES

206 Strebel Student Center
(315) 792-3087 ♦ Fax (315) 792-3370
careerservices@utica.edu
www.utica.edu/student/career

Student Registration

Name: _____ Banner ID#_____
(Last) (First) (Middle)

Contact Information:
Local Address: _____ City: _____
State: _____ Zip: _____ Phone: (____)_____
Permanent Address: _____ City: _____
State: _____ Zip: _____ Phone: (____)_____
E-Mail: _____

Expected Degree:
Major: _____ Concentration: _____
Minor: _____

I will receive (check all that apply):		**Expected date of graduation**
Bachelor of Arts/Science	_____	_____
Master of Science	_____	_____
Teacher Certification	_____	_____
Doctor of Physical Therapy	_____	_____

RELEASE OF CREDENTIAL FILE INFORMATION

I authorize the Office of Career Services to collect and maintain a file of credentials for the purpose of assisting me in my search for employment or admission to graduate/professional school. Upon readiness I will fill out the Credential Request Form and submit it to the Office of Career Services either in person, by fax or mail initiating the process of having my credentials sent to a prospective employer or graduate/professional school. **Telephone requests will not be accepted.**

I understand that this file will be maintained for a period of five (5) years. After that point, if I choose to utilize this service, I will have to create a new file by re-registering and submitting new information.

By signing below I am stating that I have read and understand the above statements regarding maintenance and transmittal of my credentials and those stated in the document *Instructions for Establishing a Credential File.*

Signature of Student/Alumni: _____ Date:_____