



RELEASE FORM

I permit the University at Buffalo Educational Opportunity Center (EOC) to send a placement verification form to my present and/or future employer (s) and/or college/post secondary institution.

I permit my present and/or future employer(s) and/or college/post-secondary institution to release the information requested on the form. I understand that all information released will be treated in a confidential manner.

I permit the release my social security number for the sole purpose of verification identification, ONLY if deemed necessary by these organizations, and expect that it will be treated in a confidential manner.

I permit the Office of College and Career Advancement to send at its discretion, copies of my resume to persons, agencies or organizations advertising or anticipating employment opportunities relevant to my career objective and/or qualifications.

I agree to keep my resume current and to notify EOC's Office of College and Career Advancement when I no longer wish my resume to be sent.

I agree to inform the Office of College and Career Advancement of any employment opportunities offered.

Print-First Name:

Print-Last Name:

Last 4 digits of SS#:

Date of Birth:

Signature:

Date: