

CAMPBELL UNIVERSITY SCHOOL OF EDUCATION

PERMISSION TO SHARE INFORMATION ON GRADUATES WITH OUTSIDE AGENCIES

Many times prospective employers and other agencies request names and contact information on our graduates. If you will agree to have your name and contact information shared in this way, please complete the information requested and sign in the appropriate designated area below.

NAME

PERMANENT ADDRESS

() _____
TELEPHONE

E-MAIL that you will check after graduation

Licensure Area

Where are you willing to accept a job?

_____ I agree to have my name and contact information shared with prospective employers and other requesting agencies.

_____ Please do not share my name and contact information with requesting agencies.

SIGNATURE

DATE