

VASSAR COLLEGE

Office of Career Development



REFERENCE FILE REGISTRATION
(PLEASE TYPE OR PRINT)

NAME IN COLLEGE _____
First Middle Last

EMAIL ADDRESS _____

CURRENT NAME (IF DIFFERENT) _____

YEAR OF GRADUATION _____ MAJOR _____

999 # _____

PRESENT ADDRESS _____
(School address, if current student) _____
City State Zip

Phone Number: _____

PERMANENT ADDRESS _____
(If different from above) _____
City State Zip

Phone Number: _____

REGISTRANT'S AGREEMENT

I have read and accept the conditions of the reference service as stated in the information sheet provided to registrants. While my registration is active I agree to keep my records up-to-date, assume responsibility for seeing that my recommendations are sent in by my recommenders, and to report any change of address without delay.

Signature

Date