

Reference File Request Form

Copies of Reference Files are sent to an employer or graduate school at the request of the student, alumnus, or by the prospective employer. **Please print, complete, and mail the request form to: Career Planning, 206 Sisson Hall, SUNY, Potsdam, NY 13676.** Please enclose a check payable to "SUNY Potsdam" with your request. Cost for mailing files is \$4.00 for one or \$15.00 for five; faxed files are \$5.00 each.

Student/Alumnus

Name: _____
Street: _____ City: _____ State: _____ Zip: _____
Email: _____ Telephone #: _____ Grad Year _____

Send Reference File to:

(1)

Name: _____ Title: _____
Organization/School name: _____
Street: _____ City: _____ State: _____ Zip: _____

Request to mail or Fax: (_____)

Special Requests/Instructions to Career Planning:

Send Reference File to:

(2)

Name: _____ Title: _____
Organization/School name: _____
Street: _____ City: _____ State: _____ Zip: _____

Request to mail or Fax: (_____)

Special Requests/Instructions to Career Planning:

Send Reference File to:

(3)

Name: _____
Organization/School name: _____
Street: _____ City: _____ State: _____ Zip: _____

Request to mail or Fax (_____)

Special Requests/Instructions to Career Planning:

(Office use: Paid- amount _____ Owes- amount _____ Send completed)

