Registration fee:	**$15**
Extension fee:	**$5**

Attachment 3

CENTER FOR CAREER DEVELOPMENT & STUDENT EMPLOYMENT
UNIVERSITY OF HAWAI`I AT MANOA
2600 Campus Road ♦ Queen Lili`uokalani Center for Student Services 212 ♦ Honolulu, HI 96822-2205
Phone: (808) 956-7007

CREDENTIAL FILE REGISTRATION & AUTHORIZATION FORM

NAME: _____ SSN or UH ID: _____
Last First M.I.

CURRENT ADDRESS: _____ PHONE: _____
_____ CELL/PGR: _____

PERMANENT ADDRESS: _____ EMAIL: _____
_____

EDUCATION (completed or working toward):

	Bachelor's	Master's	Doctorate	Colleges or universities you attended
Degree				
Major				
Month/Year				
Institution				

TYPE OF FILE: Read the Credential File Guide and mark which type of file you are requesting to establish.

☐ **CONFIDENTIAL FILE** (can hold **both** confidential & open letters).

☐ **OPEN FILE** (can hold **only** open letters).

AUTHORIZATION TO RELEASE CREDENTIALS

I, the undersigned, have read, understand, and will abide by Career Development & Student Employment' policy and procedures concerning credential files and authorize the University of Hawai`i at Manoa Career Development & Student Employment office to release to employers or other institutions copies of letters and documents of evaluation and recommendation that have been filed on my behalf.

_____ _____
Signature of Student or Alumnus Date

WAIVER OF ACCESS FOR CONFIDENTIAL LETTERS

If you wish to have **confidential letters** included in your file, **you must sign the following Waiver of Access statement.**

In accordance with Section 438 of the General Education Provisions Act (Title IV, P.L. 90-247, as amended), I hereby waive my "right of access" to confidential letters and documents now held and hereafter submitted to the University of Hawai`i at Mānoa Career Development & Student Employment office on my behalf.

I understand that the yielding of this "right of access" is a voluntary act on my part and that I will not be permitted to view or otherwise obtain the information contained in any confidential letters and statements or recommendation submitted on my behalf and further that ANY CONFIDENTIAL LETTERS OF REFERENCE OR RECOMMENDATIONS SUBMITTED ON MY BEHALF FOR INCLUSION IN MY FILES MUST BE SENT OR DELIVERED **DIRECTLY** TO THE CAREER DEVELOPMENT & STUDENT EMPLOYMENT OFFICE BY THE AUTHORS.

_____ _____
Signature of Student or Alumnus Date