

CAREER SERVICES REGISTRATION DATA SHEET

Last Name: _____ First Name: _____

Student ID Number: _____ Permanent Email Address: _____

Local Address: _____

Permanent Address: _____

Local Phone Number: _____ Permanent Phone Number: _____

Are you a U. S. Citizen? Yes No (Please Circle One)

If no, do you have authorization to work *permanently* in the United States? Yes No

If no, have you applied for Practical Training? Yes No

Major: _____ Degree: Associate Bachelor Master

Graduation Date: _____ Grade Point Average: _____

Previous Degrees/Additional Majors or Minors: _____

Job Preference: _____

Location Preference: _____

Special Skills (include computer skills): _____

CREDENTIAL RELEASE STATEMENT

This is to certify that I, the undersigned, a student or graduate of the University of Arkansas-Monticello, hereby authorize the Counseling, Testing, & Career Services of UAM to release copies of my registration file, resumes and other information of an employment related nature, to interested employers, graduates schools, certification agencies, etc. at their or my request, or at the discretion of the University of Arkansas-Monticello. I understand that any or all information of an employment related nature once received by Counseling, Testing, & Career Services becomes the property of that office. I further understand that I have the right to review the entire contents of my file.

Signature: _____

Date: _____