

FORM A
Request To Establish Credential File and Release of Evaluations

Dominican University
Graduate School of Library and Information Science
7900 West Division Street
River Forest, IL 60305

Name _____
(Last Name) (First Name) (Middle Initial)

Name you graduated under (if different) _____

Telephone # (_____) _____

Address _____
(Street)

(City) (State) (Zip Code)

Email address _____

Date of Graduation _____

Until revoked in writing, I hereby authorize Dominican University to send to any prospective employer at my written request, written evaluations as I have requested of certain instructors, including specifically, when available, grades and evaluative comments on my work from instructors. I understand that these evaluative comments may be critical, complimentary, or otherwise; however, inasmuch as this use of this file is for my personal benefit in that it may aid in the securing of employment, the undersigned does hereby release and discharge the Board of Trustees of Dominican University, its officers, agents, and employees, and each of them, from any responsibilities, legal or otherwise in the dissemination and use of this material.

I further understand that the Graduate School of Library and Information Science at Dominican University will maintain my credential file and perform this service for a period of five (5) years from the date of my graduation.

Signed: _____

Date: _____

Please return to Liz Fitzmaurice, GSLIS office.