

Thomas Nelson Community College
Career Services & Cooperative Education
Release of Information Form

Name: _____
Last Name *First Name* *MI*

Address: _____
Street *City* *State* *Zip*

DOB or SS#: _____ Phone: () _____

Email Address: _____

Permission to circulate information (check “yes”; sign and date)

_____ Yes, I grant TNCC Career Services and Cooperative Education staff permission to circulate my résumé/academic information and related employment information on my behalf to employers interested in my qualifications.

Signature

Date