

RELEASE FORM

PLACEMENT OFFICE PELLISSIPPI STATE COMMUNITY COLLEGE
10915 Hardin Valley Rd.
P.O. Box 22990
Knoxville, TN 37933-0990

ESTIMATED GRADUATION DATE

MAJOR

CONCENTRATION

STUDENT ID

NAME _____

I, the undersigned, authorize the Placement Office at Pellissippi State Community College to provide prospective employers with the information which is contained in my placement credentials file.

I fully understand and agree that the above file may be made available by the Placement Office to prospective employers who may be interested in me as a prospective employee. I understand that records will be kept in my file of those employers who receive or view my credentials and that I may have access to these records.

DATE _____

SIGNED _____