

SALISBURY CENTER for CAREER SERVICES
Hobart and William Smith Colleges
Geneva, NY 14456
315-781-3514

REQUEST TO RELEASE RECOMMENDATIONS

Name _____ **Class of** _____
(please print)

Address _____ **Email** _____
(Street) (City) (State) (Zip)

Signature _____ **Date** _____ **Phone** _____
(area code)

Please send recommendations written by:

To: (complete address, including zip code)

1)	2)
<small>(City) (State) (Zip)</small>	<small>(City) (State) (Zip)</small>

3)	4)
<small>(City) (State) (Zip)</small>	<small>(City) (State) (Zip)</small>

Please make sure that:

- 1) The recommendations written by the people listed above **are in your file** (call Career Services to check: 315-781-3514).
- 2) You have a signed **“Registration Agreement”** on file.
- 3) You have included the fee of **\$3.00 per address**.
- 4) You have instructed the *Career Services* as to **how** you want the recommendations **mailed**: i.e. either signed/sealed directly to the business or graduate school address **OR** signed/sealed to you. (NOTE: If mailed to YOU at home - we will need BOTH your home address AND the complete business or graduate school addresses for our records.)

NOTE: The Registrar’s Office must receive a separate written request to release transcripts. Do not use this form.

For Office Use Only:

Received/Date _____ **Amt. Paid** _____ **Processed on** _____ **# of copies** _____