



## Non-Interfolio References File Consent Form

Use this form to request that your reference file be closed, mailed to you (non-confidential letters only), or transferred to another institution.

**PLEASE PRINT CLEARLY.**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_ Month and Year of Graduation: \_\_\_\_\_

99# (if applicable): \_\_\_\_\_

**I hereby authorize Smith College to take the following action:**

Please close my reference file. *I understand that you will shred the contents of my file.*

Please mail my non-confidential references to me. *I understand that any remaining confidential letters will be shredded unless other arrangements are made.*

Please send a complete copy of my reference file to the following college or university where I have already established a reference file. *(Please note that by choosing this option, your CDO references file will be closed.)*

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

In consideration of the foregoing, I hereby release and agree to hold harmless Smith College and its officers, trustees, and employees, from any and all liability in connection with the transfer or disposal of my reference file.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:**

1. Please sign and date this form

2. Send it to:

Smith College Career Development Office  
84 Elm Street - Drew Hall  
Northampton MA 01063  
FAX: 413-585-2596