

PRINCETON UNIVERSITY  
Graduate Academic Placement  
202 Nassau Hall

STUDENT AUTHORIZATION RELEASING PLACEMENT FILE

By my signature below I hereby authorize Princeton University to release my placement file to persons or institutions where I may apply or be nominated for employment. I understand that the contents of the file may include my biographical resume, record of experience, statements of recommendation, and any additional material supplied by me or is public in nature.

This authorization is provided in connection with the Family Educational Rights and Privacy Act of 1974.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

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STUDENT WAIVER OF RIGHT TO REVIEW CONFIDENTIAL MATERIAL IN PLACEMENT FILE

By my signature below I hereby waive my right to review confidential statements of recommendation in my placement file.

This statement is provided in connection with the Family Educational Rights and Privacy Act of 1974.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

NOTE: If you do not wish to waive your right of access to confidential material in your placement file, check the box below, initial and date.

I DO NOT waive my right to review statements of recommendation in my placement file, dated after 1 January, 1975.

INITIAL \_\_\_\_\_ DATE \_\_\_\_\_

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STUDENT NAME \_\_\_\_\_

(please print)

ADDRESS & TELEPHONE NUMBER \_\_\_\_\_

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