

YOUR SIGNATURE IS REQUIRED IN BOTH AREAS.

AUTHORIZATION TO RELEASE DATA

Last Name (PRINT) First Name Middle Initial

Current Street Address

City State Zip Code

NID (UCF Network ID #) Phone Number Preferred E-Mail Address

I do hereby certify that all of the information I will be entering into the KnightLink database is correct and is provided voluntarily. I understand that it shall be my responsibility to keep this information accurate and current. I authorize the release of this information, academic transcript(s), resume, and references to interested employers, including third-party recruiters (a handout defining third-party recruiters is available from CSEL, Building 7F, Room 185, Student Resource Center). I also understand that CSEL may notify me of potential job opportunities by either e-mail or phone. I understand that if I have a disability, CSEL will provide reasonable accommodations for services and materials upon request

Signature Date



By signing below, I acknowledge that I have received and read the KnightLink agreement. I agree to abide by the principles set forth in the agreement including, but not limited to, appropriate arrival time, attire, and preparation requirements. Failure to abide by these principles may result in denial of access to both KnightLink and On-Campus Interviewing.

KnightLink account access is provided for UCF students and alumni ONLY. I am aware that the account set up for me through Career Services and Experiential Learning is for my use only and sharing this account or submitting resumes for other candidates is not acceptable.

Signature Date