

Business Cooperative Education
Release Form

Student Name (Please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **HOME PHONE NUMBER & E-MAIL ADDRESS RELEASE**

I hereby grant permission to the Staff of the School of Business Cooperative Education Office to release my residence phone number/personal cell phone number and my e-mail address to potential employers and other students in the Business Co-op Program.

Student's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **WORK PERFORMANCE RELEASE**

I hereby grant permission to the Staff of the School of Business Cooperative Education Office to make available to potential Cooperative Education Employers the evaluations of my work performance as provided by my cooperative employers.

Student's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **APPLICATION RELEASE**

I hereby grant permission to the Staff of the School of Business Cooperative Education Office to forward my resume and cover letter to potential employers of Business Co-op students.

Student's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **TRANSCRIPT RELEASE**

I hereby grant permission to the Staff of the School of Business Cooperative Education Office to acquire and forward my transcript(s) to potential employers of Business Co-op students until completion of the Co-op work term placements.

Student's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_