

Credential File Transfer Consent Form

Please complete this form in full

First Name		Middle		
Last Name				
Class Year				
Address				
City		State		Zip
Email Address				
	<i>Note: Please print your email address carefully</i>			
Phone				
Student ID				

I hereby authorize the Career Development Center at Mount Holyoke College to take the following action with regard to my credentials file:

Please transfer these letters of recommendation from my credentials file to Interfolio, Inc. (List letters below or state "All"):

I have created an account at <http://www.interfolio.com/> and understand that I will be bound by such terms and conditions in connection with any reference file services I may receive from Interfolio, Inc. My Interfolio username is listed below (**required**).

User Name	
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In consideration of the foregoing, I hereby release and agree to hold harmless Mount Holyoke College and its officers, trustees, and employees, from any and all liability in connection with the transfer of the information listed above from my credentials file. **Once your original documents are transferred to Interfolio, they become a part of your official credentials file at Intefolio. Your existing file at the CDC will then be closed and destroyed to protect your privacy. All future requests you make for distribution of your credentials must then go through Interfolio.**

Signature	
Date	

Mail the completed form to
 Mount Holyoke College
 Career Development Center
 Credentials Department
 Daniel L. Jones Building
 50 College Street
 South Hadley, MA 01075

Or fax it to
 1-413-538-2081