

Mount Holyoke College
Credentials File Request and Destruction Acknowledgement

Name: _____ Class of: _____

Current Address: _____
Street City State Zip

Phone: _____ Email Address: _____

CIRCLE ONE: (Internship) (Employment) (Grad School) (Law School) (Scholarship/Fellowship)
(Medical School – *must provide SSI# & AMCAS#*) - SSI# _____ AMCAS# _____

List the name of each person whose reference you want sent and date written if known. Please include complete addresses and zip codes. Should you have more than one reference written by the same recommender, please indicate which letter you wish sent otherwise we will send the most recent letter. **You can have up to five packets (individual envelopes) sent at no charge. Please type or print legibly with dark pen.**

LIST RECOMMENDER(S) & DATE(S) OF LETTER: SEND TO (FULL ADDRESS):

1 _____
2 _____
3 _____

LIST RECOMMENDER(S) & DATE(S) OF LETTER: SEND TO (FULL ADDRESS):

1 _____
2 _____
3 _____

LIST RECOMMENDER(S) & DATE(S) OF LETTER: SEND TO (FULL ADDRESS):

1 _____
2 _____
3 _____

LIST RECOMMENDER(S) & DATE(S) OF LETTER: SEND TO (FULL ADDRESS):

1 _____
2 _____
3 _____

LIST RECOMMENDER(S) & DATE(S) OF LETTER: SEND TO (FULL ADDRESS):

1 _____
2 _____
3 _____

Please indicate if references are to be mailed directly to addressees supplied or if references are to be picked up in person. Should you choose to pick up your references in person, appropriate I.D. is required. ***IT IS A VIOLATION OF THE MOUNT HOLYOKE HONOR CODE TO READ CONFIDENTIAL LETTERS OF RECOMMENDATION TO WHICH YOU HAVE WAIVED YOUR RIGHT TO ACCESS.***

By completing and signing this form, I am requesting that my credentials be sent to recipients as indicated above, and I understand after this request is processed *my credentials file at the CDC will be destroyed* to protect my privacy. Also, I understand that if I wish to maintain a credentials file, I must establish an account with Interfolio and submit a Credentials File Transfer Consent form to the CDC within 60 days of this request.

Student Signature: _____ **Date:** _____

_____ Direct

_____ Picked Up