



Division of Human Resources
Dual Career Employment Services



Authorization for Release of Contact Information

I, _____, do hereby authorize the Division of Human Resources' Dual Career Employment Services to disclose my name, address, and phone number to potential employers and other participants in this program for the purpose of assisting me during my search for employment in South Carolina, especially in the Columbia area. I understand that I may withdraw this consent at any time by notifying USC's Dual Career Employment Services.

(Signature)

(Date)

Return signed and dated release form:

Fax: 803-777-0302

Mail: Dual Career Employment Services
1600 Hampton Street, Suite 117
University of South Carolina
Columbia, S.C. 29208