



**TUFTS UNIVERSITY STUDENT SERVICES
CREDENTIAL FILE REGISTRATION FORM**

_____ Social Security Number

_____ Last Name/First Name/Middle Please Print

_____ School /Major /Degree Received (or in progress) Graduation date (or expected date)

Current Address: _____

_____ City State Zip

Telephone: _____

Permanent (home) Address: _____

_____ City State Zip

Telephone: _____

IMPORTANT:

I understand that the contents of my credentials file will be forwarded to prospective employers or graduate schools by Tufts University Student Services **only upon my written request** and upon appropriate payment. I also understand it is my responsibility to keep my references current. I have read and understand the Credentials Policies and Procedures form.

_____ Signature

_____ Date