Placement File Request Form

Name: ____________________________________________  Class of: ________________  
Class of: ________________________________________  Circle: Bachelor’s or Master’s
Address: ____________________________________________  Phone: __________________________
________________________________________________________________________________
________________________________________________________________________________
Folder to be sent to: (In order to represent you professionally, we need you to type or print clearly and provide accurate, complete information)
Name and/or Title: ____________________________________________
School or Organization: ____________________________________________
Address: _________________________________________________________
Fax number (only if faxing file): _______________________________________
Notes: _____________________________________________________________
Date: ______________________  Signature: ____________________________

Payment Options: (payment must be included in order to process your request)

________ This is my first Placement File Request (no charge)
________ Cash
________ Check (made out to Elmira College)
________ Credit Card
________ Debit Card

If paying with credit-debit card, please provide the following information:

Name on card: ____________________________________________
Number: ___________________________________________________
Expiration Date: _______  Card Verification Code: ________
(3 digits from card signature panel)

Type (circle one):  Visa  MasterCard  Discover  American Express

Placement File Request Forms can be mailed to: Office of Career Services
Elmira College
One Park Place
Elmira, NY 14901

or faxed to: (607) 735-1153