



Cooperative Education / Internship Application and Consent

Career Services

Clark State College

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Brady Oder

Career Services Specialist
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Personal Information

Name: _____ Student ID#: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Phone Number: _____ Email: _____

Major/Program: _____ Credit hours to date: _____ GPA: _____

Position(s) of Interest: _____

What semester did you participate in the Introduction to Co-op (EBE 1000) class?

Fall Spring Summer Year: _____

What semester do you plan to begin your co-op/internship class?

Fall Spring Summer Year: _____

This is to certify that the undersigned agrees to allow Clark State College to send certain personal information taken from his or her official records at this college to prospective employers. The personal information released is to be forwarded to the prospective employer through the Cooperative Education Program at Clark State College.

The following items of information are hereby authorized to be sent to the prospective employer:

- All academic records
- Transcript
- Resume
- References
- Letters or Recommendation
- Other (please specify)

The purpose of the release of this information is to enable prospective employers to select students for Cooperative Education/Internship assignments. It does not guarantee a co-op/internship position.

I understand it is my responsibility to stay in communication with Clark State's Career Services. I also understand that if I do not return calls and/or emails from the Career Services staff, I may be ineligible for future services including job and internship assistance.

This authorization shall remain in effect throughout my participation in the Cooperative Education/Internship Program.

Student Signature: _____ **Date:** _____

NOTE: This release is obtained pursuant to the Family Education Rights and Privacy Act of 1977.