



ILLINOIS
WESLEYAN
UNIVERSITY

AUTHORIZATION TO DESTROY CREDENTIALS FILE DOCUMENTS

I authorize Warren Kistner, Director of the Career Center, to
destroy recommendations from the following individuals:

_____, dated _____

_____, dated _____

_____, dated _____

_____, dated _____

I no longer wish this(these) recommendation(s) to be a part of
my credential file.

Signed: _____

Dated: _____ Date of Graduation: _____