

MassHire Career Center Customer Records Request Form



Career Center customers must complete this form and return it to Career Center Management

Request Date	MassHire Career Center		
Printed Customer Name (First and Last Name)		Customer Signature *	
Customer Email Address		Customer Phone	
Customer Address 1		Address 2	
City	State	Zip	
Printed Customer Designee (e.g. Attorney)		Designee Signature	
Summary of Request			
<i>For MassHire Career Center Staff to Complete</i>			
Accepted by (Print First and Last Name)		Accepted by Signature	
Title		Date	

*Should a designee be named above, I give permission to the designee to receive my records as described in the *Summary of Request* section, on my behalf. If not applicable, please print N/A in the designee section.