

## Student Reference Request

Student Information (please print)	
Last Name: Fin	rst Name:
Student Number or Social Security Number:	
I authorize reference may be given in oral and/or written form	to serve as a reference for me. This m.
I authorize the above-named person to release infe evaluation about his or her knowledge of my quali my involvement in activities or organizations outsi class(es), including the grade received in that effor	fications. This evaluation could be based upon ide the classroom or my performance in his or her
This information may be released to:	
All forms of scholarship or honora	ary awards
All potential employers or education	on institutions
The following designated person o	r company:
If you approve the Registrar's Office providing the writing this recommendation, please sign here	
If this person has access to your academic record and you authorize him or her to provide GPAs or other academic information in your reference, please sign here	
Student Signature	Today's Date
unsure, you may want to consider asking someone else.	•

Faculty: Please forward a copy of this document to the Registrar's Office for the student's file.

■ Make sure you give the writer ample time to complete the letter.