



Center for Allied Health Programs

Reference Request & Student Authorization

Student name : _____

I request _____ to serve as a reference for me. The purpose(s) of the reference are:
(check all applicable spaces)

- _____ application for employment
- _____ all forms of scholarship or honorary award
- _____ admission to another education institution

The reference may be given in the following form(s):
(check one or both spaces)

- _____ written
- _____ oral

I authorize the above person to release information and provide an evaluation about any and all aspects of my academic performance at the University of Minnesota to the following: *(check all applicable spaces)*

- | | |
|---|--|
| 1. _____ all prospective employers | OR _____ specific employers <i>(list on reverse side)</i> |
| 2. _____ all educational institutions to which I seek admission | OR _____ specific educational institutions <i>(list on reverse side)</i> |
| 3. _____ all organizations considering me for an award or scholarship | OR _____ specific organizations <i>(list on reverse side)</i> |

This authorization to provide references is valid for one (1) year from the date of my signature below, unless I specify an earlier ending date as follows:

Ending date: _____

Note: Under the Family Educational and Privacy Rights Act, 20 U.S. C. 1232(g), you may, but are not required to waive your right of access to confidential references given for any of the purposes listed on this form above. If you waive your right of access, the waiver remains valid indefinitely.

_____ I waive my right of access

Full Name

Date

By typing your name in the space above, you are confirming that the above information is accurate.