



Student Reference
Request Consent Form

Student Name (*print*): _____

I request _____ to serve as a reference for me.

The purpose(s) of the reference are (*check all applicable*):

- 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 all applicable*):

- written
- oral

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

- | | | |
|--|----|--|
| 1. <input type="checkbox"/> all prospective employers | OR | <input type="checkbox"/> specific employers
<i>(list on reverse side)</i> |
| 2. <input type="checkbox"/> all educational institutions to
institutions which I seek admission | OR | <input type="checkbox"/> specific educational
<i>(list on reverse side)</i> |
| 3. <input type="checkbox"/> all organizations considering me
for an award or scholarship | OR | <input type="checkbox"/> 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), students may, but are not required to, waive the 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

Signature

Date