

University of Minnesota Duluth

Student Reference Request Consent Form

Student name (please print: _____)

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 and/or employment performance at the University of Minnesota Duluth to the following: (check all applicable spaces)

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

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.

Student Signature

Date