

Reference Release – Career Services

Student First Name: _____

Student Last Name: _____

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 one or both)

- 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)

- | | | |
|--|----|---|
| <input type="checkbox"/> All prospective employers | OR | specific employers
(list on reverse side) |
| <input type="checkbox"/> All educational Institutions | OR | specific educational institutions
(list on reverse side) |
| <input type="checkbox"/> All organizations considering offering me an award or scholarship | OR | specific organizations
(list on reverse side) |

This authorization to provide reference is valid for one 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. Check the appropriate space below:

- I waive my right of access to references given by the above named person.
- I do not waive my right to access to references given by the above named person.

Signature

Date