

Reference Request

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: _____

Signature

Date

References should be sent to:
University of Minnesota Crookston
Career Services
236 Sargeant Student Center
2900 University Avenue
Crookston, MN 56716