

REFERENCE LETTER REQUEST FORM



This form is to be completed by students who are requesting an academic reference. The completed form should be retained by the referee as confirmation of the request for a reference. It should not be returned to the student, sent to the program to which the student is applying, or to potential employers.

I, (*name of student*) request that a representative of the Faculty/School/Department of

(*name of faculty/school/dept*) or (*name of referee if known*)

write a letter of reference or respond to a reference check on my behalf. I understand that in order to write the letter of reference or respond to a reference check that the representative of the named Faculty, School, or Department or the named referee will need to comment on grades and personal characteristics relating to my academic performance and /or employment history.

(choose one)

- I authorize the representative or referee to have access to my student file, particularly academic transcripts and clinical evaluations, OR
- I authorize the representative or referee to have access to my academic transcripts only, OR
- I do NOT authorize access to my student file; comments should be restricted to matters currently within the referee's scope of knowledge.

I consent to the disclosure of my personal information:

- Only to the following schools or potential employers, OR

- To all requests for references

This consent will be effective for (*length of time*) from the date signed.

Signature: _____

Date: _____

Please print, sign, and return the form to the referee. If this form is not signed, a reference will not be provided.