

REFERENCE REQUEST WAIVER

I hereby authorize the faculty member given as a reference to answer any and all questions that may be asked concerning me. I also authorize the inclusion of grades and clinical performance information in my request for a letter of recommendation.

Student Name (Print and Sign)

Date _____ SS# or ID# _____

Program _____ Current Course # _____

Current Student? _____ Anticipated Graduation Date _____

Your Phone Number _____ E-mail _____

READMISSION _____ SCHOLARSHIP _____ EMPLOYMENT _____
TRANSFER TO ANOTHER SCHOOL _____

Address Letter to:

Title: _____

Facility: _____

Address: _____

Letter to be written by, Instructor(s) _____

and/or Dean: ____ Yes ____ No

EMPLOYMENT AND SCHOOL TRANSFER LETTERS WILL BE MAILED DIRECTLY TO THE FACILITY. YOU MAY PICK UP A PHOTOCOPY.

SCHOLARSHIP LETTERS MUST BE PICKED UP BY THE STUDENT

Comments:

Student Current Address: _____
