REFERENCE REQUEST AND STUDENT AUTHORIZATION

Student Name ___________________________________________ Student ID __________________________

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 educational 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
performance at the South Central College to the following: (check all applicable spaces)

1. ☐ all prospective employers OR ☐ specific employers (list on back)
   all educational institutions to
   specific educational institutions
2. ☐ which I seek admission OR ☐ (list on back)
   all organizations considering me
3. ☐ for an award or scholarship OR ☐ specific organizations (list on back)

This authorization to provide references 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. 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 about me.

☐ I do not waive my right of access to references about me.

____________________________________  ____________________________________
Name Date

Please file the signed original document in the Student Affairs Center. Faculty members should also retain a copy of this form.