



## 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)
2.  all educational institutions to which I seek admission OR  specific educational institutions (list on back)
3.  all organizations considering me 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