

# REFERENCE LETTER REQUEST FORM



This form is to 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,  request that a Representative of the Faculty/School/Department of  
*(name of Student)*  
 OR   
*(name of faculty/school/dept)* *(name of referee if known).*

write a letter of reference or respond to a reference request 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 may need to comment on grades and personal characteristics relating to my academic performance and/or employment history.

I authorize the referee/representative of referee to have access to the academic transcripts submitted with my application to the Program and my current Program grades and clinical evaluations 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  *(length of time)* from the date signed for

Student Number:

Program:

Full Name:

Maiden Name:

Signature: \_\_\_\_\_

Date:

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