



# REFERENCE REQUEST

Student Name (Please print): \_\_\_\_\_ Student/StarID: \_\_\_\_\_

I request \_\_\_\_\_ to serve as a reference for me. The reference may either be given orally or written. The purpose(s) of the reference are: (check all applicable spaces)

- application for employment
- all forms of scholarship or honorary award
- admission to another education institution

I authorize the above person to release information and provide an evaluation about any and all aspects of my academic performance at Northland Community & Technical College the following: (check all applicable spaces)

- all prospective employers OR specific employers (list on reverse side)
- all educational institutions to which I seek admission OR specific institutions (list on reverse side)
- all organizations considering me for an award or scholarship OR specific organizations (list on reverse side)

**NOTE:** I understand that the student records information listed above includes information which is classified as private on me under Minn. Stat § 13.32 and the Federal Family Education Rights and Privacy 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 above. 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.

I understand that by signing this Reference Request Form, I am authorizing the College to release to the persons named above and their representative's information which would otherwise be private and not accessible to them. I understand that without my informed consent, the College could not release the information described above because it is classified as private.

I understand that when my education records are released to the persons named above and their representatives, the College has no control over the use the persons named above or their representatives make of the records which are released.

I understand that access to the information will be limited to those persons who require access to accomplish the purpose stated above. I understand that I may revoke this consent at any time and that, in any case, it expires within one year of this date. This authorization to provide references is valid for one (1) year from the date of my signature below, unless I specify an earlier ending date as follows: Earlier ending date: \_\_\_\_\_. I am giving this consent freely and voluntarily and I understand the consequences of my giving this consent.

\_\_\_\_\_  
Student Signature Date

Please direct questions about this form to NCTC Admissions Office: (218) 793-2389 or admissions@northlandcollege.edu

<p><b>Step one: This form should be completed by the student and given to reference provider.</b></p> <p><b>Step two: Faculty/staff should forward to admissions office for storage.</b></p>	<b>02/22/17 se</b>
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