

Reference Request Consent Form

Please check one of the following boxes and follow the corresponding directions.

- On-campus Students:** Please provide a completed and signed form for your reference person. They should keep a copy for their records and send the original to the Registrar's office for your file.
- Off-campus and former Students:** Please email, as an attachment, a scanned copy of the completed and signed form to registrar@luther.edu and your reference person.

Student name (print): _____ **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 education 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 and/or employment performance at Luther College to the following (check all applicable spaces):

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

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:

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 above. If you waive your right of access, the waiver remains valid indefinitely.

___ I waive my right of access.

Student Signature

Date