

**REFERENCE REQUEST
AND
STUDENT AUTHORIZATION FOR RELEASE OF INFORMATION**

Winona State University
Department of Health, Exercise & Rehabilitative Sciences

I, (*print name*) _____ request

WSU Health, Exercise, and Rehabilitative Sciences Faculty/Staff (*name of person providing
reference/releasing information*) _____ to serve as a

reference or release information for me. The purpose(s) of the reference(s)/release of
information is(are) for: (*check all that apply*)

_____ Application for employment

_____ all forms of scholarship or honorary award(s)

_____ other (*please specify*) _____

The information may be given in the following manner: (*check all that apply*)

_____ written

_____ oral

_____ electronic

I authorize the above named person to release information and provide an evaluation about any and
all aspects of my academic performance at Winona State University to the following: (*check all that
apply*)

_____ all prospective employers

OR

_____ specific employers (*list on back*)

_____ all organizations considering

OR

_____ specific educational institutions

_____ me for a scholarship or considering me for a scholarship award(s)

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
above on this form.

If you waive your right of access, the waiver remains valid indefinitely unless a termination date is
specified as follows:

(*termination date*)

Signature: _____

Date: _____