REFERENCE REQUEST
AND
STUDENT AUTHORIZATION FOR RELEASE OF INFORMATION
Winona State University
College of Nursing and Health Sciences
(Valid for <u>One Year Only from Date of Signature</u>)

I, *(print name)* _____ request WSU Nursing

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 me for a scholarship or award(s) *(including release of my social security number for issuance of scholarship check)* OR _____ specific educational institutions considering me for a scholarship or award(s) *(list on back)*

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

_____
Local Address

_____ _____ _____
City State Zip

_____
Local Phone or Cell Number

(Please notify Nursing Office of any address/phone number changes as they occur) 6/2005