

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

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

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