

Reference Authorization Form

Student Name:

Student ID #:

The Reference Authorization form is for students who would like to request a faculty or staff member at the University of Minnesota Rochester to serve as a reference for them (which can include obtaining a letter of recommendation.) Please review the **Reference Request Process** pages following this form for additional instructions on how to submit this form. Please submit this request **at least 6 weeks** in advance of needing the reference information/letter of recommendation.

This reference will be used for:
(check all applicable spaces below)

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

The reference may be given in the following form(s):
(check one or both spaces below)

- written
- oral

I authorize the following Faculty or staff member(s):

at the University of Minnesota Rochester to release information and provide an evaluation about any and all aspects of my academic performance at the University of Minnesota to the following: (check all applicable spaces)

- | | | |
|--|----|---|
| all prospective employers | OR | specific employers <i>(list below)</i> |
| all educational institutions to which I seek admission | OR | specific educational institutions <i>(list below)</i> |
| all organizations considering me for an award or scholarship | OR | specific organizations <i>(list below)</i> |
| all leasing agencies | OR | specific leasing agencies <i>(list below)</i> |

List of employers, educational institutions, leasing agencies, and/or organizations if applicable:

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

Signature

Date

Reference Request Process

Once you have completed the Reference Authorization form, please follow the routing instructions below.

What is the specific purpose of the letter you are asking for:

What is the deadline of the letter (again, please allow for 6 weeks):

If applicable, please provide some information and links about program(s) for which you are applying:

Please list any qualifications you believe should be highlighted:

Please provide instructions on where to send the letter of recommendation and/or how the letter needs to be submitted (i.e. link, mailing address, online submissions, etc . . .):

Routing Instructions:

Email the individual(s) you are going to be asking to serve as a reference and/or write a letter of recommendation as well as One Stop Student Services (umr1stop@r.umn.edu) the following:

- A copy of the Reference Authorization/Reference Request Process forms (i.e. these forms).
- A copy of your resume.