

# Reference Request

## FERPA Release

Name \_\_\_\_\_  
Last First Middle

Student ID Number \_\_\_\_\_

I hereby authorize each person named below to write a letter of recommendation or serve as a reference for me. This authorization extends for a period of two years from the date below and permits each authorized person to provide an evaluation of my qualifications for employment or further advanced study. The evaluation may be based upon my performance in his or her class(es), my performance on comprehensive examinations, my overall performance in the graduate program, and my performance as a graduate teaching assistant. In the course of the evaluation, each authorized person may provide any academic information to which they have access, including, but not limited to, my grades, class rank, GPA, scholarships, honors, awards, and comments from other instructors.

### Authorized Persons (Please Print)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_