



## STUDENT REFERENCE REQUEST AND AUTHORIZATION

Please complete, sign and date this form, then mail, fax or deliver directly to the Old Dominion University faculty or staff member from whom you are requesting reference(s).

Name (*please print*): \_\_\_\_\_ ID # \_\_\_\_\_

I request that \_\_\_\_\_ serve as a reference for me.  
The purpose(s) of the reference are: (*check all applicable spaces*)

- application for employment
- all forms of scholarship or honorary award
- admission to another education institution
- other (please specify) \_\_\_\_\_

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

- written
- oral

I expressly and voluntarily authorize the above person to release information and provide an evaluation about **any and all aspects of my academic performance at Old Dominion University** to the following: (*check all applicable spaces*)

- All** prospective employers and educational institutions to which I seek admission, and all organizations considering me for an award or scholarship OR
- Only** those specific employers, educational institutions or organizations listed on page 2 of this form
- Other** \_\_\_\_\_

I understand and agree this authorization will remain in effect until revoked by me in writing and delivered to the above-named person; however, any such revocation will not apply to previous disclosures.

Note: Under the Family Educational Rights and Privacy Act, U.S.C. 1232(g), 708, 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.

- I expressly and voluntarily waive my right of access to references about me.
- I do not waive my right of access to references about me.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Old Dominion University

## Student Reference Request Form

Please list the names and addresses of all specific employers, educational institutions and/or organizations to which you authorize the release of information by the person named above.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_