

## Student Reference Request Form

### PERSONAL INFORMATION

NAME OF STUDENT:

FIRST NAME: GIVEN

FIRST NAME: PREFERRED

LAST NAME

PREVIOUS LAST NAME(S)

<b>DATES IN PROGRAM:</b>  <i>MM/YY – MM/YY</i> <b>CURRENT YEAR IN PGM:</b>	<b>EMAIL ADDRESS:</b>	<b>ADDRESS:</b>	<b>PHOTO</b>
		<b>CITY:</b>	
<b>STUDENT ID #:</b>	<b>PHONE NUMBER:</b>	<b>PROVINCE:</b>	

INSERT A PHOTO. REQUIRES JAVA-SCRIPT AND A DIGITAL IMAGE. IN BROWSE > FILE/ OPEN TAB, SELECT IMAGE FILE TYPE (JPG, PNG, ETC.). MAY NOT WORK IN READER.

**By signing this form, I give permission to the following instructors:**

\_\_\_\_\_  
Instructor #1

\_\_\_\_\_  
Instructor #2

\_\_\_\_\_  
Instructor #3

**...to disclose the following information about me:**

Attendance and Participation

Knowledge and Skills

Any Relevant Information as it Pertains to my

Interpersonal Skills

Academic and Clinical Performance

Other: (Please Specify)

**Additional Details:**

**...to the employers or scholarship grantors listed below:**

**ALL Employers or Scholarship Grantors**

**ONLY the Following Employers or Scholarship Grantors:**

Name and Location:

Name and Location:

**ALL Employers or Scholarship Grantors EXCEPT the Following:**

Name and Location:

Name and Location:

**This Request Form shall be valid: *Please select one of the following.***

**Until the specified date:** \_\_\_\_\_

**Indefinitely or until I notify the above mentioned instructors**

The personal information on this form is collected and protected under the authority of the *Post-secondary Learning Act of Alberta* and the authority of the *Freedom of Information and Protection of Privacy Act (Alberta)* for the purpose of managing student reference requests. Your information will remain confidential and will only be used or disclosed as authorized under FOIP. You may direct any questions about the collection, use and disclosure of personal information to the University of Lethbridge's FOIP coordinator at 403.332.4620 ([foip@uleth.ca](mailto:foip@uleth.ca)), or Lethbridge College's Risk Management at 403.320.3361 ([risk.management@lethbridgecollege.ca](mailto:risk.management@lethbridgecollege.ca)).

By signing this form, I give the NESAs Program faculty member(s) permission to disclose academic information to prospective employers and/or to scholarship committees.

### AUTHORIZATION

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
TODAY'S DATE  
mm/dd/yy