

### Student Reference Request and Release of Information Authorization



Student Name (please PRINT): \_\_\_\_\_

I request that the faculty and/or staff member(s) named below serve as a reference for me. The purpose of the reference is (check all that apply):

- Application for employment
- All forms of scholarship or honorary awards
- Admission to another educational institution

The reference may be given in the following form(s) (check all that apply):

- Written
- Oral

I authorize the above referenced person(s) to release information and provide an evaluation about any and all information from my educational records at Michigan State University to (check all that apply):

- All prospective employers
  - All educational institutions to which I seek admission
  - All organizations considering me for an award or scholarship
- OR
- Specific employers (List below)
  - Specific educational institutions (List below)
  - Specific organizations (List below)

I understand that I (1) have the right not to consent to the release of my educational records; (2) have the right to receive a copy of such records upon request; and (3) that this consent shall remain in effect until revoked by me, in writing, and delivered to Michigan State University, but that any revocation shall not affect disclosures previously made by Michigan State University prior to the receipt of any such written revocation.

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

\_\_\_\_\_  
Date

Faculty/Staff Authorized to act as a reference (please PRINT): \_\_\_\_\_

Specified recipient(s) (please PRINT): \_\_\_\_\_