



RELEASE FOR FACULTY MEMBER OR ACADEMIC ADVISOR TO ACT AS A REFERENCE

Student ID#: _____

Name: _____
Last First Middle

Name used at the University (if changed)

Address: _____
Street

City State Zip Code

Day Phone: _____ Home Phone: _____

E-mail: _____

Current Student Not Current Student Last Attended UR: _____

Degree Received
(degree/date) if applicable: _____

I hereby authorize _____ *(Print name of individual)* to discuss my academic progress and history, including GPA, Class Ranking, Recognitions, and/or Research Endeavors with the following potential employers:

- 1.) _____
- 2.) _____
- 3.) _____

Student's Signature _____

Privacy Act: All requests require an original signature of the student.

Date _____

YOU NEED TO PROVIDE A COPY OF THIS FORM TO EACH INDIVIDUAL FACULTY MEMBER OR ACADEMIC ADVISOR WHOM YOU ARE ASKING TO SERVE AS A REFERENCE.