

**REFERENCE REQUEST**

**STUDENT IDENTIFICATION**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

**REFERENCE REQUEST**

I request \_\_\_\_\_ to serve as a reference for me.

- The purpose(s) of the reference(s) are: *(check all applicable)*
- Application for Employment
  - Scholarship or honorary award
  - Admission to another educational institution

- The reference(s) may be given in the following forms: *(check one or both)*
- Oral
  - Written

I authorize the above named faculty/staff member to release information and provide an evaluation about any and all information from my education records at Morgan Community College deemed necessary by said person to provide the above reference. This release applies to :

- (check one more spaces)*
- All prospective employers OR
  - All educational institutions OR
  - All organizations considering me for a scholarship and/or award OR
  - The following employers, educational institutions and/or organizations considering me for an award or scholarship:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand further that

- (1) I have the right not to consent to the release of my education records
- (2) I have a right to receive a copy of my written reference upon request within 30 days of its release
- (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to the above named faculty/staff member, but that any such revocation shall not affect disclosures made by said faculty/staff prior to Morgan Community College's receipt of any such written revocation.

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

REQUIRED FINAL SENTENCE: "This document contains personal information from a student's educational records. It is protected by the Family Educational rights and Privacy Act (20 u.S.C./1232g) and may not be re-released without consent of the eligible student."

**RETURN COMPLETED FORM TO:**

MCC Student Services  
920 Barlow Road Fort Morgan, CO 80701  
FAX 970-542-3114  
Student.Services@MorganCC.edu