

Student Reference/Recommendation Request Release

Instructions to Students: Please complete this 2-page release, sign and date, then mail, fax or hand deliver to the Middlesex County College faculty or staff member from whom you are requesting the reference(s).
⇒ YOU MUST SUBMIT THIS RELEASE AT LEAST 2 WEEKS BEFORE THE REFERENCE/RECOMMENDATION IS DUE.
⇒ YOU MUST SUPPLY COMPLETE CONTACT INFORMATION (NAME, ADDRESS, DUE DATE) FOR EACH RECIPIENT.

Instructions to the Letter Writer: This form gives you permission to discuss non-directory information about this student in order to write the requested reference/recommendation. *Your permission to disclose this information ends when the letter is sent to the third party.*

Student Name (please print full legal name): _____

Middlesex County College ID Number: _____ **Major:** _____

I request that _____ (referred to as "Faculty/Staff" below) **serve as a reference for me. This reference/recommendation is for the following purpose:**

- application/reference for employment
- admission to another educational institution
- all forms of scholarships or honorary awards
- other (please specify): _____

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

- written
- oral / verbal

I authorize release of any and all information from my education records to the following:

(Please check one)

- All** prospective employers/educational institutions to which I seek admission and all organizations considering me for an award/ scholarship (please list contact info on the back)
- OR**
- Only** the specific employer(s), educational institution(s) or organization(s) listed on the next page

By requesting this reference/recommendation I agree that the above Faculty/Staff has my permission to include in the reference letter my GPA, course grades, academic performance, and any other information the individual believes is pertinent to meet the purpose of this letter.

I waive my right to inspect and review a copy of this letter of reference at any time in the future (Note to students: if you do not waive your right to review, that fact may be noted in the reference letter):

- Yes
- No

Signature of Student: _____ **Date:** _____

Release Received by: _____ **Date:** _____

Please send my References/Recommendations to:

1. _____ Due date: _____
Complete name of person or organization Deadline to be received
by requesting organization

Complete address

2. _____ Due date: _____
Complete name of person or organization Deadline to be received
by requesting organization

Complete address

3. _____ Due date: _____
Complete name of person or organization Deadline to be received
by requesting organization

Complete address

Please provide additional information to facilitate preparation of your reference/recommendation: Why are you applying for this university/program/job?

