



UNIVERSITY OF MISSOURI-KANSAS CITY

Student Reference Request

One-time Consent to Release Student Information
OFFICE OF REGISTRATION & RECORDS

Student ID number: _____ Student name: _____

I authorize: (name of reference) _____

To release the following education records or information from my education records:

To: (recipient) _____

For the following purpose: _____

I waive my right of access to references given by the above named person.

I do not waive my right of access to references given by the above named person.

Signature _____ Date _____