

## 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	mation from my education records:
To: (recipient)	
I waive my right of access to references	given by the above named person.
I do not waive my right of access to refe	erences given by the above named person.
Signature	Date