

## Student Reference Request Form

I, 1. \_\_\_\_\_ request that 2. \_\_\_\_\_

write a letter of reference or respond to a reference check on my behalf. I understand that

3. \_\_\_\_\_ will have to disclose personal information regarding

myself including grades and personal characteristics, in order to write a letter of reference or

respond to a reference check on my behalf and I agree to this disclosure.

I agree to the disclosure of my personal information:

- Only to the following individuals or organizations 4. \_\_\_\_\_
- To all requests for references 4. \_\_\_\_\_

This consent will be effective for one year after the signature date.

Signature: 5. \_\_\_\_\_

Date: 6. \_\_\_\_\_

### INSTRUCTIONS:

A public body may disclose personal information if the individual the information is about has identified the information and consented, in the prescribed manner, to that release. References are considered disclosure of personal information. Generally this consent is considered valid for one year unless otherwise indicated. Please fill in the blanks based on the following key.

### KEY:

1. Person giving consent fills in their name.
2. Name of individual or organization that will be disclosing the personal information.
3. Name of individual or organization that will be disclosing the personal information.
4. The specific individual(s) or organization(s) to whom the personal information will be disclosed.
5. The signature who's personal information will be disclosed.
6. Date of signature.

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act - Section 33 (c). It is required only to respond to a request for a reference. If you have any questions regarding the collection or use of this information, email FOIP at [foip@athabascau.ca](mailto:foip@athabascau.ca).