



REFERENCE AUTHORIZATION

800 Mickelson Drive
Rapid City, SD 57703-4018
605-718-2400 Fax: 605-394-2204
Toll Free: 1-800-544-8765
www.wdt.edu

Student's Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_
(Not Social Security #)

I request \_\_\_\_\_ to serve as a reference for me. The purpose(s) of the reference(s) are (check all that apply)

- Application for Employment
All forms of scholarship or honorary award
Admission to another educational institution
Internship corresponding with a Western Dakota Tech Internship Course

I authorize the above-named person to provide an oral or written evaluation of any aspects of my academic performance, including classroom and/or lab performance, attendance, and attitude, as well as job-related criteria such as team work, productivity, and ability to work independently, or on my education records at Western Dakota Tech, and to release information from my education records, including grades, GPA, class rank, disciplinary actions, any information pertaining to my education at other institutions I have previously attended which is part of my education records at WDT, and any other personally identifiable information whether or not contained in my education records to: (must be specific, can't use "Potential Employer")

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Read and initial each statement below. I understand:

I must contact the WDT Registrar's Office at 605-718-2568 to add or remove the name(s) of prospective employers, organizations, or educational institutions. When calling, I must provide the following password in order make changes: \_\_\_\_\_

I understand that under the Family Education Rights and Privacy Act, 20 USC 1232g: (1) I have the right not to consent to the release of my educational records; and (2) I have the right to receive a copy of any written reference upon request.

This reference authorization consent shall remain in effect until revoked by me, in writing, and delivered to Western Dakota Tech Registrar's Office, but any such revocation shall not affect disclosures made by staff of Western Dakota Tech who was authorized prior to the receipt of revocation.

I release Western Dakota Tech, its current or former board members, officers, directors, agents, employees, and the person providing the above described reference or evaluation from all claims and liability for damages that may result from their compliance with this request.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit completed form to the Registrar's Office or email completed form to Registrar@wdt.edu.

Received by: \_\_\_\_\_
Initials Date

Entered by: \_\_\_\_\_
Initials Date