

## REFERENCE AUTHORIZATION

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 Technical College (WDTC) 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 WDTC, 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 WDTC, 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 WDTC 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 WDTC's Registrar's Office, but any such revocation shall not affect disclosures made by staff of WDTC who was authorized prior to the receipt of revocation.

\_\_\_\_\_ I release WDTC, 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