



REFERENCE LETTER REQUEST FORM

This form is to be completed by students who are requesting an academic reference. The completed form should be retained by the referee as confirmation of the request for a reference. It should not be returned to the student, sent to the program to which the student is applying, or to potential employers.

The personal information on this form is collected under the authority of the University of Western Ontario Act, 1982, as amended.

For a complete Collection Notice, visit <http://www.registrar.uwo.ca/Security.cfm#privacy>.

I, _____, _____
(name) (student number)

request that a representative of the Faculty, School, or Department(s) of

(name of Faculty/School/Dept)

Or _____
(name of referee if known)

write a letter of reference or respond to a reference check on my behalf. I understand that in order to write the letter of reference or respond to a reference check, the representative will need to comment on grades and personal characteristics relating to my academic performance and/or employment history.

I, **(choose only one)**

- authorize the representative or referee to have access to my student file, including academic transcripts and clinical evaluations,
OR
- authorize the representative or referee to have access to my academic transcripts only,
OR
- do NOT authorize access to my student file; comments should be restricted to matters currently within the referee's scope of knowledge.

I consent to the disclosure of my personal information:

- Only to the following schools, potential employers, or award agencies:

OR

- To all requests for references.

This consent will be effective for _____ from the date signed.
(length of time)

I acknowledge that the reference is being sent in confidence and will not be shared with me.

Signature: _____

Date: _____