REFERENCE REQUEST AND STUDENT AUTHORIZATION

Student name (please print):_____________________________________________

I request Dr. Steven M. Manson to serve as a reference for me. The purpose(s) of the reference are: (check all applicable spaces):

_____ application for employment

_____ all forms of scholarship or honorary award

_____ admission to another education institution

The reference may be given in the following form(s) (check one or both spaces):

_____ written

_____ oral

I authorize Dr. Manson to release information and provide an evaluation about any and all aspects of my academic performance at the University of Minnesota to the following (check all applicable spaces):

1. ______ all prospective employers OR ______ specific employers (list on reverse side)
2. ______ all educational institutions to which I seek admission OR ______ specific educational institutions (list on reverse side)
3. ______ all organizations considering me for an award or scholarship OR ______ specific organizations (list on reverse side)

This authorization to provide references is valid for one (1) year from the date of my signature below, unless I specify an earlier ending date as follows:

Ending date:_______________________________

Note: Under the Family Educational and Privacy Rights Act, 20 U.S. C. 1232(g), you may, but are not required to waive your right of access to confidential references given for any of the purposes listed on this form above. If you waive your right of access, the waiver remains valid indefinitely.

_____ I waive my right of access

_______________________________________
Signature

_______________________________________
Date

Mail to: Steven M. Manson, Department of Geography, University of Minnesota, 414 Social Sciences, 267 19th Avenue South, Minneapolis, MN 55455