



STUDENT REFERENCE REQUEST AND AUTHORIZATION

Please complete, sign and date this form, then mail, fax or deliver directly to the Old Dominion University faculty or staff member from whom you are requesting reference(s).

Name (*please print*): _____ ID # _____

I request that _____ 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
- other (please specify) _____

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

- written
- oral

I expressly and voluntarily authorize the above person to release inf0grson87 O3.:uaa 0 2A

Old Dominion University

Student Reference Request Form

Please list the names and addresses of all specific employers, educational institutions and/or organizations to which you authorize the release of information by the person named above.

Name: _____

Address: _____

City, State, Zip _____

Name: _____

Address: _____

City, State, Zip _____

Name: _____

Address: _____

City, State, Zip _____

Name: _____

Address: _____

City, State, Zip _____

Name: _____

Address: _____

City, State, Zip _____