HELENA COLLEGE
UNIVERSITY OF MONTANA

Student Release for Job Referral/Reference

Student Name: _____ **Student ID:** _____
(Please Print)

I request _____ to serve as a reference for me.*

The purpose(s) of the reference are: (check all that apply)

☐ Application for Employment ☐ All Forms of Scholarship or Honorary Award
☐ Admission to another Educational Institution

The reference may be given in the following form(s) - check all that apply:

☐ Written ☐ Orally

I authorize the above named person to provide an evaluation of any aspect of my academic performance, whether based on personal observation or on my education records at Helena College, and to release information from my education records, including my grades, GPA, class rank, any information pertaining to my education at other institutions I have previously attended, and any other personally identifiable information. I authorize release of this information and reference or evaluation to: **(Check all that apply)**

☐ All prospective employers
☐ Specific Employers **(List Name and Address on Reverse Side)**
☐ All Educational Institutions to which I seek admission
☐ Specific Educational Institutions **(List Name and Address on Reverse Side)**
☐ All Organizations considering me for an award or Scholarship
☐ Specific Organization **(List Name and Address on Reverse Side)**
☐ All licensing or certifying agencies for professional licensing or certification

I understand that under the Family Educational and Privacy Rights Act, 20 USC 1232g: (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of any written reference upon request; and (3) I may, but am not required to, waive my right of access to confidential references given for any of the purposes listed above.

☐ I waive my right of access to references given by the above named person.
☐ I do not waive my right of access to references given by the above named person

This consent shall remain in effect until revoked by me, in writing, and delivered to the above named person, but any such revocation shall not affect disclosures made prior to the person's receipt of my written revocation. I release Helena College, its employees, and the person(s) 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**

***This Release must be signed in the presence of the requested Helena College employee.**

Revocation

I _____ wish to revoke this form. I understand that revocation of this form does not affect disclosures made prior to this date.

_____ _____/_____/_____
Student's Signature **Date**

Return completed form to the Registrar's Office.
Keep a copy for HC employee and student.

Updated: 4-2024