

Student Reference Authorization

Name of Student: _____

Banner ID: _____

I, the undersigned, authorize **Dr. J. Stephen Mansfield** to:

- write a letter of recommendation for me
- give a telephone recommendation for me

to *list the individuals, colleges, or businesses to whom you wish me to give my recommendation*

for the purpose of _____

I authorize Dr. Mansfield to release information about me and provide an honest evaluation from his knowledge of my qualifications. This evaluation could be based upon my involvement in activities or organizations outside the classroom or my performance in his or her class(es).

I also authorize Dr. Mansfield to provide any academic information, including but not limited to, my grades, GPA, class rank, scholarships, honors, awards, and comments from other instructors, teaching assistants, and students.

I understand that: (1) I have the right not to consent to the release of my education records; (2) I have a right to receive a copy of such records upon request; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to Dr. Mansfield, but that any such revocation shall not affect disclosures previously made by Dr. Mansfield prior to the receipt of any such written revocation.

- I waive do not waive my right to review a copy of the letter at any time in the future.

student's signature

date