



4245 East Avenue  
Rochester, New York 14618

## Reference Request Authorization

With my signature, this statement confirms my permission for the reference provider listed below to share reference-related information about me with prospective employers as well as graduate school or transfer admissions representatives.

*This form must be completed by the student/alumnus, signed, and given to the reference provider before any information can be shared with prospective employers or other colleges. Permission will remain in place unless a written request to withdraw the permission is provided by the student/alumnus. Please note that faculty and staff are not obligated to serve as a reference, and have the right to deny the request.*

Name of reference provider \_\_\_\_\_

Type of reference authorized (check all that apply):

Written (email or letter)

Phone

\_\_\_\_\_  
Student/Alumnus Name (print)

\_\_\_\_\_  
Student/Alumnus Signature

\_\_\_\_\_  
Date signed

### **Note to Reference Provider:**

Please keep this authorization for your own records. This authorization is for your files only, and does not need to be forwarded to any other department on campus.