
Fleming College

Student Reference Request Form

This form is to be completed by students who are requesting an academic reference. The completed form should be retained by the referee as confirmation of the request for a reference. It should not be returned to the student, sent to the program to which the student is applying, or to potential employers.

NAME: _____

STUDENT NUMBER: _____

I request that a representative of the Faculty, School, or Department of

_____ or _____
(name of Faculty/School/Department) (name of referee, if known)

write a letter of reference or respond to a reference check on my behalf. I acknowledge and understand that in order to write the letter of reference or respond to a reference check that the representative of the named Faculty, School, or Department or the named referee will need to comment on grades and personal characteristics relating to my academic performance and/or employment history. I, **(choose only one)**

authorize the representative or referee to have access to my student file, particularly academic transcripts and clinical evaluations, **OR**

authorize the representative or referee to have access to my academic transcripts only, **OR**

do NOT authorize access to my student file; comments should be restricted to matters currently within the referee's scope of knowledge.

I consent to the disclosure of my personal information: **(choose only one)**

Only to the following schools or potential employers _____

_____ **OR**
(if your list of approved recipients is longer than this space allows, please attach a list to this form)

To all requests for references.

This consent will be effective for one year from the date signed.

Signature: _____

Date: _____

Personal information collected on this form is collected under authority of section 2 of the *Ontario Colleges of Applied Arts and Technology Act, 2002* and may be used to retrieve your student record, to verify your identity, and to provide proof of your request for a reference. Any questions about this collection can be directed to the Privacy and Policy Officer at freedomofinformation@flemingcollege.ca or by mail to 599 Brealey Drive, Peterborough, ON K9J 7B1.