



MARQUETTE
UNIVERSITY

College of Health Sciences
Speech Pathology and Audiology

Student Reference Request Form

Student name:

Names of Professors asked:

(faculty name here)

1.
2.
3.
4.
5.
6.

This reference is for the following purpose(s): (check all applicable spaces)

- application/reference for employment
- scholarship or honorary award
- admission to another educational institution/program

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

- written oral

I authorize Employee to release any and all information from my education records, as defined in the Family Educational Rights and Privacy Act (FERPA), and provide an evaluation relating to my education at Marquette University. (check all applicable spaces)

- All prospective employers or
- All educational institutions to which I seek admission or
- All organizations considering me for an award or scholarship or
- The following employers, educational institutions and/or organizations considering me for an award of scholarship (list all applicable entities):

I understand and agree that this authorization shall remain in effect until revoked by me, in writing, and delivered to Employee/Marquette University. I further understand that any such revocation shall not affect disclosures previously made by Employee prior to receipt of such written revocation. Also, I hereby agree to indemnify, defend and hold harmless Employee, and Marquette University, for any claim arising out of, or related to, any reference or information provided pursuant to this authorization.

- I waive, do not waive (you must check one)

my right of access to this recommendation or other information provided pursuant to this authorization.

Student's Signature

Date

Please return this form with Letter of Recommendation form, Letter of Intent/Statement of Purpose, and Graduation checklist/unofficial transcript to the Administrative Assistant Amber Jensen.