



## STUDENT REFERENCE REQUEST AND AUTHORIZATION

**Please complete, sign and date this form, then mail, fax or deliver directly to the Old Dominion University faculty or staff member from whom you are requesting reference(s).**

Name (*please print*): \_\_\_\_\_ ID # \_\_\_\_\_

I request that \_\_\_\_\_ serve as a reference for me.  
The purpose(s) of the reference are: (*check all applicable spaces*)

- application for employment
- all forms of scholarship or honorary award
- admission to another education institution
- other (please specify) \_\_\_\_\_

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

- written
- oral

I expressly and voluntarily authorize the above person to release inf0grson87 O3.:uaa 0 2A

# Old Dominion University

## Student Reference Request Form

Please list the names and addresses of all specific employers, educational institutions and/or organizations to which you authorize the release of information by the person named above.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_