



Nursing and Allied Health Department

•SLO Campus Office: Room 2724 •Phone: (805) 546-3119
•NC Campus Office: Room N2421 •Phone: (805) 592-9426

Student Reference Request and Authorization

Instructions: Complete, sign, and date this form, then mail or deliver directly to the Cuesta College Nursing and Allied Health faculty member from whom you are requesting reference(s).

Student Name: _____

I request that _____ serve as a reference for me.

The purpose(s) of the reference is: *(check all applicable spaces)*

- application for employment
- all forms of scholarship or honorary award
- other _____

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 information and provide an evaluation about any and all aspects of my academic performance in the Cuesta College Nursing and Allied Health program(s) to the following:

Name: _____

Address: _____

City, State, Zip code: _____

Name: _____

Address: _____

City, State, Zip code: _____

I understand and agree that this authorization will remain in effect until revoked by me, in writing and delivered to the faculty member; however, any such revocation will not apply to previous disclosures. Further, I agree to release and hold harmless the faculty and Cuesta College, from and against any claim related to any reference or information provided by the faculty or Cuesta College.

Signature of Student

Date

Print name