



Reference Request Form

Student ID #

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I, _____

request that the following individuals:

write a letter of reference, or respond to a reference check about me

only to the following individuals or organizations:

to all requests for references

I understand that this consent will be effective for one year after the signature date and that personal information about me will be disclosed, including job performance, academic performance and personal characteristics.

Signature

Date

Please allow 5 to 7 business days for processing.

Office Use:

Date Received	Copies Distributed	Staff Initials	Comments
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Privacy Statement:

This form gives the listed St. Mary's University College representatives the authority to provide a reference for the above stated individual. St. Mary's University College cannot be held responsible for the content of this reference or how it is used, disclosed or protected by the designated recipient(s). If you have any questions about Alberta's Personal Information Protection Act and St. Mary's University College's Privacy Policy, contact the Privacy Officer at (403) 531-9130 or privacy@stmu.ab.ca.

Submit to:

Student Services Office
St. Mary's University
College
14500 Bannister Rd SE
Calgary, Alberta
T2X 1Z4

Tel: 403-531-9130
Fax: 403-531-9136

Website:
www.stmu.ab.ca

E-mail:
registrar@stmu.ab.ca

Copies will be made and distributed to those individuals you are requesting a reference from.