



REFERENCE STATEMENT

RETURN TO:
Career Center
Missouri State University
901 S. National
Springfield, MO 65897

Name of Student/Alumnus _____ Degree/Major _____

Social Security Number (Optional) _____ Graduation Date _____

In accordance with the Family Educational Rights and Privacy Act of 1974, I choose this reference statement to be:

_____ Confidential OR _____ Non-confidential

I hereby consent to the disclosure by University faculty and staff of information regarding academic and extracurricular performance, specifically including grades, attendance, demonstrated skills and objectives.

Signature of Student/Alumnus _____

Date _____

To the reference writer: Please type or print in black ink. Provide factual information based upon personal knowledge and/or observation. Your signature and other identifying information at the bottom must be completed, and this form returned, even if using a separate sheet of letterhead stationary. Please do not use the back side of this form. If more room is required, please attach an additional sheet.

Signature of Writer _____

Date _____

Printed Name of Writer _____

Title/Position _____

Organization _____

Telephone _____

Address _____

City, State Zip _____