



Cambridge Institute of Allied Health & Technology
www.cambridgehealth.edu

460 Altamonte Drive, 3rd Floor
Altamonte Springs, FL 32701
(P) 407-265-8383 (F) 407-265-8384

5673 Peachtree Dunwoody Rd, Suite 450
Atlanta, GA 30342
(P) 404/255/4500 (F) 404-255-4503

5150 Linton Blvd, Suite 340
Delray Beach, FL 33484
(P) 561-381-4990 (F) 561-381-4992

Student Reference Request Form

Instructions to students: Please complete this two-page form, sign and date, then mail, fax or hand deliver to Cambridge Institute of Allied Health & Technology faculty or staff member from whom you are requesting the reference(s).

Student Name (please print)

Student ID Number

I request that _____ (referred to as "Employee" below) serve as a reference for me. This reference is for the following purposes(s):

(Please check all that apply)

- application/reference for employment
- admission to another educational institution
- all forms of scholarships or honorary awards
- other (please specify)

The reference may be given in the following form(s):

(Please check one or both)

- written oral

I authorize release of any and all information from my education records to the following:

(Please check one)

- all** prospective employers and educational institutions to which I seek admission, and all organizations considering me for an award or scholarship **OR**
- only** those specific employers, educational institutions or organizations listed on page 2 of this form
- other _____

I understand and agree that this authorization will remain in effect until revoked by me, in writing, and delivered to Employee; however, any such revocation will not apply to previous disclosures. Further, I agree to release and hold harmless the Employee and the Cambridge Institute of Allied Health & Technology, from and against any claim related to any reference or information provided by Cambridge Institute of Allied Health & Technology.

Signature of Student

Date



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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 Employee:

Name: _____

Address: _____

City, State Zip code: _____

Name: _____

Address: _____

City, State Zip code: _____

Name: _____

Address: _____

City, State Zip code: _____

Name: _____

Address: _____

City, State Zip code: _____

Name: _____

Address: _____

City, State Zip code: _____

Name: _____

Address: _____

City, State Zip code: _____