

# Consent to Disclosure of Personal Information

## Academic Reference Request



**This form is to be completed by students requesting an academic reference.** Please fill in the form electronically, and then print and sign it. A completed and signed form must be submitted to each department from which you are requesting a reference.

Personal information on this form is collected under the authority of the Royal Charter of Queen's University, 1841, and may be used to retrieve your student record, to verify your identity, and to provide proof in preparing your reference. If you have questions about this collection contact the Access & Privacy Coordinator, Office of the Vice Principal (Finance & Administration), Queen's University, Kingston, ON, K7L 3N6, (613) 533-2211.

Student Information		
FULL NAME		STUDENT No
Referee Information		
DEPARTMENT	FACULTY MEMBER'S NAME	OR: <input type="checkbox"/> a department representative

I, the above-named student, request that either the above-named referee or a representative of the above-named department, school, or faculty write a letter of reference and/or respond to a reference check on my behalf. I understand that in order to write the letter of reference, or respond to a reference check, the referee or representative of the department, school, or faculty will be required to comment on grades and personal characteristics relating to my academic and/or employment performance.

I therefore authorize:

Select only one (1) of the following
<input type="checkbox"/> The representative or referee to access my student file, including academic transcripts and/or clinical evaluations.
<input type="checkbox"/> The representative or referee to access my academic transcripts only.
<input type="checkbox"/> DO NOT authorize access to my student file; <b>comments should be restricted to matters currently within the referee's scope of knowledge.</b>

I consent to disclosure of my personal information:

Select only one (1) of the following
<input type="checkbox"/> To all requests for reference.
<input type="checkbox"/> Only to the following academic institutions or potential employers:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

To the Faculty Member or Department Representative:

This form and any personal information accessed in the preparation of the reference must be kept for a minimum of one (1) year after the reference is complete, but need be kept no longer unless other policies apply.