

RELEASE OF INFORMATION – REFERENCE REQUEST



Office of the Registrar/Student Services
Fax (403) 556-4711 www.oldscollege.ca

GENERAL INFORMATION

- This form is required if a student wishes to use an Olds College Staff member as an employment reference.
- A new form is to be completed for every staff member providing a reference.
- Both the Student and Staff member providing the reference are required to complete the form.
- **Staff member retains the original for future reference. Student is provided with a photocopy.**

REFERENCE REQUESTS

I, _____
(students name)

ID # _____

request that _____
(instructors name)

provide a written and/or verbal reference on my
behalf to:

___ **only the employer specified below**

Name: _____

Company: _____

Address: _____

Postal Code: _____

Telephone # _____

___ **all employers who contact instructor**

I understand that in order to provide the reference it
may be necessary to comment on:

- Work experience or practicum experience
- Employment history at Olds College (if applicable)
- Personal attributes
- Assessment of performance while attending Olds College

Date: _____

Student's Signature: _____

Staff Signature: _____

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. Public inquiries regarding the collection section (33)(c), use, (39)(1)(a)(b) and disclosure, (40)(1)(d) of personal information provided on this form should be directed to the FOIP Co-ordinator/Director of Student Services/Registrar of Olds College at 4500 – 50 Street, Olds, AB T4H 1R6.