

Wisconsin Indianhead Technical College
Authorization for Release of Reference Information

I authorize Wisconsin Indianhead Technical College and

(name of instructor/staff member)

to release information pertaining to my academic achievements, my abilities, and my qualifications for employment to prospective employers who may contact the college, the instructor, or other staff member.

I understand that this authorization is effective unless or until I advise the instructor, staff member, or college in writing not to release the information to prospective employers.

I understand that such information is sought with confidentiality and will not be released to anyone other than prospective employers.

Student's Name (print) _____

Student's Signature _____

Date _____