



Reference Request

A reference request form must be completed for each different person/organization for which a student requests a reference. Email completed transcript request forms to Ann Ridder at aridder@augustahealth.com; mail to 78 Medical Center Drive, Fishersville, VA, 22939; or fax to 540-332-4539.

Please print clearly.

Full Name: _____ Date: _____

Full Name at time of program completion (if different than above): _____

Last Four of SSN: XXX-XX-_____ Date of Birth (mm/dd/yyyy): _____

Current Address: _____

Phone Number: _____ Email: _____

Dates of Attendance/Graduation: _____

I, _____ (printed name), request that the following school official(s) serve as a reference related to my enrollment in the Augusta Health School of Clinical Laboratory Science. This information may be provided in written or verbal format and will involve the selected individual(s) relating his or her impression of me as a student in the School relative to my academic performance, technical skill, and/or professional behavior.

Name of School Official(s) that student requests serve as a reference (check all that apply):

- Program Director
- Augusta Health Education Coordinator
- UVA Education Coordinator
- School Medical Director

List persons/organizations to whom the reference may provide information: (Example: name of potential employer, name of graduate school or other further education, etc.)

By signing below, I authorize the School Official(s) in the positions checked above to serve as a reference by providing information to the persons/organizations named on this form. If no persons/organizations are named, this form will serve as general consent for the School Official(s) in the positions checked above to serve as a reference for the above named student to any entity that requests a reference.

Student/Graduate Signature (required): _____ Date: _____