



Lansing Community College
3100 – Nursing Careers Department
Lansing, Michigan 48901-7210
www.lcc.edu
Phone: (517) 483-1410 Fax: (517) 483-1508

Reference Letter Release Form

Please Print:

Name: _____

Student ID: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

I grant permission to: _____ ,
an employee of Lansing Community College, Division of Human, Health and Public Service
Careers to provide a reference for me to the following person/agency:

This is a (check one): Personal reference Professional reference

Reason for reference: Job
 Scholarship
 Other (please specify): _____

I give permission for the following information to be included in the reference (check all relevant items):

- | | |
|--|---|
| <input type="checkbox"/> Course grade | <input type="checkbox"/> Personal attributes |
| <input type="checkbox"/> Clinical performance | <input type="checkbox"/> Attendance record |
| <input type="checkbox"/> Professional attributes | <input type="checkbox"/> All relevant information |

The reference is needed by this date: _____

Signature: _____ Date: _____

Approved per Stanley Chase of the SAS Dean's Office 3/27/01