



Career and Professional Development Services  
PA1130  
3000 College Dr. S  
Lethbridge Alberta T1K 1L6  
Tel 403.320.3287

## REQUEST FOR EMPLOYMENT REFERENCE

The personal information on this form is collected and protected under the authority of the Post-secondary Learning Act of Alberta and the authority of the Alberta Freedom of Information and Protection of Privacy Act for the purpose of managing the disclosure of personal information process. Questions can be directed to the Career and Professional Development Coordinator, PA1130, careers@lethbridgecollege.ca, (403) 320-3287.

### PERSONAL INFORMATION

LAST NAME	FIRST NAME	STUDENT ID #
PHONE NUMBER	EMAIL ADDRESS	
ADDRESS		
CITY	PROVINCE	POSTAL CODE

By signing this form, I give permission to (program or instructor name): \_\_\_\_\_  
to disclose the following information about me to the employers listed below (check all that apply):

attendance and participation

knowledge and skills

unofficial grades (official transcripts are issued by the Registrar)

interpersonal skills

any relevant information as it pertains to my academic performance

other, please specify: \_\_\_\_\_

### All employers

#### ONLY the following employers:

Employer Name & Address
Employer Name & Address

#### All employers, EXCEPT the following:

Employer Name & Address
Employer Name & Address

### AUTHORIZATION

SIGNATURE	DATE
-----------	------

Completed form is to be held by the individual providing the reference in accordance with [Records Management policy](#).