

University of Southern Maine
College of Nursing and Health Professions
Release for Reference

Name (current) _____

Name while at USM (if different) _____

USM Student Identification Number _____

Current address: _____

Current phone: _____

Current email: _____

Current status at USM: _____ Enrolled Student _____ Alumni

I give permission to the following USM faculty/staff to serve as a reference for me. I understand that the faculty/staff member may be asked to provide both written and verbal references. In the case of a written reference, I give the faculty/staff member permission to provide a “confidential” reference that I will not receive a copy of: ____ Yes ____ No

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

This permission is in effect until the following date: _____

Signature: _____

Return completed release form to:

Susan Taylor
USM College of Nursing and Health Professions
PO Box 9300, Portland, ME 04104-9300
Fax: 207-228-8177
Phone: 207-780-4133