



UNM-Gallup Nursing Program
705 Gurley Ave. Gallup, NM 87301
P: (505)863-7514 F: (505)726-6307
W: www.gallup.unm.edu/nursing

Student Authorization for Release of Reference Information And Letter Request Form

Student Name: _____ UNM Banner #: _____

Current Student: Yes No Dates of Attendance: _____

I am requesting a:

Reference Letter

Work/Employment _____

Scholarship _____

(Please attach a copy of the scholarship description.)

Other _____

Enrollment Verification

I hereby give permission for _____ to supply the following

(UNM-G Nursing Faculty or Staff Member)

information to _____ at _____.

(Name of Recipient)

(Organization)

If the requested letter must be sent directly from the program to the organization, please include their mailing or email address.

Please release the following information concerning my educational records:

General summary of performance; Nursing course grades; GPA

Other topics I hope you will include about me in the letter, phone call, or email:

Please Select One:

USPS Mail to specified recipient directly

Email to specified recipient directly

Student will pick up letter themselves

Email address: _____

Phone Number to call when letter is ready: _____

*****Please Note: There is a two week turnaround time for all correspondence requests.*****

*****Provide additional comments and information on the back of this sheet if needed.*****