



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: _____ Lobo ID: _____

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)

Please specify method of delivery:

Mailing Address: _____
(Street or PO Box) (City) (State) (Zip Code)

Email Address: _____

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
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.*****