



**Social Work Professional Programs
STUDENT REFERENCE WAIVER FORM**

Instructions: Please complete and sign this form and return to the Social Work office. Unsigned or incomplete forms will not be accepted. You may scan and email the completed form to socialwork@uwgb.edu or return a paper copy of the form to:

Social Work
University of Wisconsin Green Bay
2420 Nicolet Drive, RH 310
Green Bay, WI 54311-7001

Last Name: _____ First Name: _____

Additional Name (if known by program as other than above): _____

Personal email address: _____

Telephone number: _____

I do not wish any UWGB Social Work Faculty or Staff to provide a reference for me without my explicit, written permission. I understand that such permission must be sought, in writing, and submitted to the Social Work office (see above). Such requests must clearly identify:

1. Name(s) of person(s) being requested to provide a reference for you;
2. Name(s) of organization(s) you are approving the information to be shared with;
3. A timeline for the duration of your approval (must include a date by which you end the agreement);
4. Your understanding of whether or not you will have the right to review the reference provided.

My signature below indicates that I understand and agree to the terms of this Waiver form. Furthermore, I understand that if I wish to use a UWGB Social Work faculty or staff member as a reference, and fail to provide all the requisite information outlined above, no reference will be provided.

Signature

Date

Date received by Social Work office