

**ROXBOROUGH MEMORIAL HOSPITAL
SCHOOL OF NURSING**

REQUEST FOR REFERENCE FORM

I request that _____ (name of instructor) write a letter of recommendation for me. I hold the writer of this reference responsible for submitting a letter that objectively assesses my abilities to perform in the listed nursing position. I hold the writer of this reference harmless for any effects this letter may have in my pursuit of a nursing position.

I do / do not waive my right to review this letter.

Signature of Student _____ Date _____

This reference will be sent to:

Name: _____ Position: _____ Title: _____

Address: _____

*FAX Number: _____ *E-mail address: _____

*Complete as needed.