

**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.