

REQUEST FOR FACULTY REFERENCE

TO:

(Name of faculty member)

Lincoln Christian University
100 Campus View Drive
Lincoln, IL 62656

I am a student or former student of Lincoln Christian University. I am requesting that you allow me to list you as a reference. This listing may be followed by requests from employers and potential employers for your opinions concerning me. Such requests may be for personal or telephone interviews, e-mail correspondence, requests for letters of reference, or completion of a printed evaluation form.

I understand that in all such references, you will want to be candid, completely honest with regard to your perception of my strengths and weaknesses. I give you my permission to speak or write freely regarding your assessment of me. I further give my permission for you to release any information about me which is in your possession or control.

I hereby release you and the school from all liability of any kind or nature arising out of your serving as my reference. I fully waive all claims to any kind of harm, damage to my reputation or character, invasion of privacy, inappropriate disclosures, or misrepresentation of me.

Of my own free will I give my consent to you to give your candid opinion to anyone regarding my potential employment and fitness for ministry. I fully understand all the above consent and release of liability, and have sought whatever legal advice I desire prior to signing this document. I further waive my right to see any correspondence resulting from requests for references.

Dated this _____ day of _____, 20____.

Printed Name

Signature

Address

Phone number: _____

Address

Email address: _____