



Student Reference List

AY 1 AY 2 AY3 AY4

References are persons who know you well, with whom you have been in regular contact over years and with whom you will stay in touch. People who can attest to your character, ability to persevere to a goal, and likely aptitude for success in the career field you have chosen. Please inform your references that Vatterott has your permission to contact them with information about your educational endeavors to encourage them to support you in achieving your goal! This form is also where you instruct Vatterott about which of your references you authorize to request and receive information about your attendance, grades, tuition, Financial Aid and/or to other information, in addition to the Directory Information specified in the catalog, from Vatterott. Please check the boxes below to authorize the specifics as you prefer.

Your Name: _____ SSN: _____
 Your Home Telephone Number: _____ Your Cell Phone Number: _____
 Your Email Address for Vatterott correspondence: _____ @ _____

The address to which you will want your diploma to be mailed:
 Street Address: _____
 City State Zip: _____

By checking the box below, I authorize Vatterott Educational Centers, INC to release the checked information to persons I have listed below:↓		
Parent #1 Name: _____ Parent #1 Street Address: _____ Parent #1 City State Zip: _____ Parent #1 Home Phone Number: _____ Parent #1 Cell Phone Number: _____ Parent #1 Personal Email Address: _____ @ _____	<input type="checkbox"/> None <input type="checkbox"/> Attendance <input type="checkbox"/> Grades <input type="checkbox"/> Tuition <input type="checkbox"/> Financial Aid <input type="checkbox"/> Other ____	Office Use Only <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Parent #2 Name: _____ Parent #2 Street Address: _____ Parent #2 City State Zip: _____ Parent #2 Home Phone Number: _____ Parent #2 Cell Phone Number: _____ Parent #2 Personal Email Address: _____ @ _____	<input type="checkbox"/> None <input type="checkbox"/> Attendance <input type="checkbox"/> Grades <input type="checkbox"/> Tuition <input type="checkbox"/> Financial Aid <input type="checkbox"/> Other ____	Office Use Only <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Relative Name: _____ Relative Street Address: _____ Relative City State Zip: _____ Relative Home Phone Number: _____ Relationship to you: _____ Relative Cell Phone Number: _____ Relative Personal Email Address: _____ @ _____	<input type="checkbox"/> None <input type="checkbox"/> Attendance <input type="checkbox"/> Grades <input type="checkbox"/> Tuition <input type="checkbox"/> Financial Aid <input type="checkbox"/> Other ____	Office Use Only <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Friend Name: _____ Friend Street Address: _____ Friend City State Zip: _____ Friend Home Phone Number: _____ How long have you been friends?: ____ Yrs. Friend Cell Phone Number: _____ Friend Personal Email Address: _____ @ _____	<input type="checkbox"/> None <input type="checkbox"/> Attendance <input type="checkbox"/> Grades <input type="checkbox"/> Tuition <input type="checkbox"/> Financial Aid <input type="checkbox"/> Other ____	Office Use Only <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Friend Name: _____ Friend Street Address: _____ Friend City State Zip: _____ Friend Home Phone Number: _____ How long have you been friends?: ____ Yrs. Friend Cell Phone Number: _____ Friend Personal Email Address: _____ @ _____	<input type="checkbox"/> None <input type="checkbox"/> Attendance <input type="checkbox"/> Grades <input type="checkbox"/> Tuition <input type="checkbox"/> Financial Aid <input type="checkbox"/> Other ____	Office Use Only <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

I hereby affirm that the above information is true and correct to the best of my knowledge and I hereby authorize Vatterott Educational Centers, INC to share the above specified information with the indicated references. I understand that I may rescind this authorization by delivering to the Registrar's Office, a revised Student Reference List form so notated.

Signed _____ Date _____