



NORTHEAST WISCONSIN TECHNICAL COLLEGE

STAFF REFERENCE FOR STUDENTS (Verbal & Written)

STUDENT ID NUMBER: _____

STUDENT NAME: _____
(Last Name) (First Name) (M.I.)

NWTC STAFF MEMBER: _____

DURATION OF AGREEMENT: _____

I agree to hold harmless the above faculty member to provide information of classroom performance and attendance to a prospective employer.

SIGNATURE & DATE _____
(student signature) (date)

SIGNATURE & DATE _____
(staff signature) (date)

Please fill out two copies so each party has one for their files.