## **Master or Specialization Candidate Consent Format**

**TO BE DELIVERED FOR THE CANDIDATE**

The information required in this format is confidential

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| **Important:**  Who referrer the candidate should save this letter “CONSENT FORMAT” as evidence of the approval of the student to reveal personal information. |

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| Me, Click to enter the candidate’s name. Request to: Click to enter the name who reffer write a  Academic  Working ,reference or answer to a checkup to my name to apply to the program: choose a program.  I understant to write the reference Click to enter the referenced name You will need to make comments about the qualifications and personal skills related with me performance and job. |

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| I agree with the release of personal information to all requests for references. | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Candidate’s Signatuce*** | Click to enter the date.  **Date** |
| This consent shall be effective for one year after the date of signature. | |