



OFFICE OF CAREER SERVICES
REFERENCE REMOVAL REQUEST
PLEASE PRINT AND MAIL

MSAB #140, KEARNEY NE 68849-2320
FAX # 308-865-8882

UNK ID (preferred) or Birth Date _____ Written Signature (required) _____

First Middle Last (Maiden)
Address _____
Street City State Zip
EMAIL address _____ Phone: _____

Please REMOVE the following reference(s) from my credential file. It is my understanding that this reference is not destroyed but only REMOVED from the active portion of my credential file.

- REFERENCE NAME _____ DATE OF REFERENCE (if unknown leave blank)
- REFERENCE NAME _____ DATE OF REFERENCE (if unknown leave blank)
- REFERENCE NAME _____ DATE OF REFERENCE (if unknown leave blank)
- REFERENCE NAME _____ DATE OF REFERENCE (if unknown leave blank)

OFFICE USE ONLY Date Removed: _____ INITIALS: _____
NOTES: