

Reference Request Declaration Form

For completion by the person providing the reference **only**. This declaration form is to be included with the reference either in (1) a sealed envelope or (2) as an attached file (if reference provided via email).

Applicant Name		
Referee Name		
Date		
Please indicate below whether you upon their request.	ou agree for a copy of the reference to be releas	sed to the applicant
I agree that a copy of this reference letter be provided to the applicant		
I do not agree that a copy of this reference letter be provided to the applicant		

Please note, under the rules of the General Data Protection Regulation (GDPR), the University may be required to provide the applicant with a copy of the reference letter you have written, if they formally request it, regardless of whether or not you have indicated above that you agree to the applicant being provided with a copy.

CONTACT INFORMATION

If you require any additional information or have any questions regarding the reference process for applications to University, please contact us using the following information.

Email

clladmissions@warwick.ac.uk

Phone

+44 (0)2476 524617

Address

Admissions
Centre for Lifelong Learning
Westwood Campus
University of Warwick
Coventry
CV4 7AL