CITY COLLEGE SOUTHAMPTON

Student Reference/Certificate of Attendance Request

|  |  |
| --- | --- |
| Student Name |  |
| Student ID |  |
| Reason for Request |  |
| Teacher Name |  |
| Date of request |  |

## Notes for Student:

***References will only be provided:***

* *to current and previous year students*
* *where all due fees have been paid or a payment plan is arranged with the Finance Office*
* *where your attendance is above 85%*

***Certificate of Attendances will only be provided:***

* *where your attendance is above 85%*

Please choose one of the following:

|  |  |
| --- | --- |
|  | Post my reference to me using my address on the college system |
|  | E-mail my reference to me using my e-mail on the college system |
|  | Post my reference to my new address below:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| For Student Records Use Only  | Administrator Name: |
| Register Check & Attendance % | Who completed the reference? | Date requested | Date reference provided to student |
|  |  |  |  |
| Notes: |  | No of days elapsed: |  |

**Please return this completed form to: Student.Records@Southampton-city.ac.uk**