



IHP Professional Reference Form

Please complete this form and return to the department program manager as soon as possible. Any delays will impact the start date of the student hire. Should you have any questions, please feel free to contact the program manager.

Date: _____

To Whom It May Concern,

I recommend _____ for the position of _____.
Student's Name *Position Title*

By signing this document, I am acknowledging that this student fulfills the requirements needed for the position that may include, but are not limited to:

Should the Office of Human Resources and/or Bulfinch Temporary Services need information, they may contact me.

Sincerely,

Signature: _____

Department: _____

Printed Name: _____

Email: _____

Title: _____

Telephone: _____

Additional Comments: