Reference Check Authorization

I hereby authorize the AGENCY NAME to obtain information from references related to work history and performance. This may include information of a confidential or privileged nature. I hereby release your organization and all persons, from any liability because of furnishing said information. This release will expire at the end of the recruitment process.

A copy of this signed authorization is as valid as the original and I will provide a copy to anyone who requests information in determining my job qualifications.

 Please provide the following information:

1. **Job Title/Classification of position you applied for:**

Click here and enter the job title/classification.

1. **Print Your Name:**

Click here and enter your name.

1. **Signature:**

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1. **Date:**

Click here and use pulldown calendar to enter a date.

**I authorize AGENCY NAME to contact other references beyond those I have provided.**

Yes [ ]  No [ ]

**Comments:**

Click here to enter your comments.