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|  | Position: |  |  |
|  | Applicant’s Name: |  |  |
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| **REFERENCE CHECK CONSENT:**  *(to be completed by the applicant)* | | | | | | |
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| Under the *Municipal Freedom of Information and Protection of Privacy Act,* | | | | | | |
| I, |  | | | , authorize the Rainy River District School Board to | | |
| contact the persons or organizations listed below for the purpose of obtaining reference information including information contained in my personnel file(s). These persons are authorized to disclose such information. | | | | | | |
|  | | | | | | |
| **Name** | |  | **Position/Title and Company** | |  | **Telephone No.** |
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|  | |  |  | |  |  |
| Date | |  | Candidate’s Signature | |  |  |