



# Rainy River District School Board Reference Authorization Form

Position: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

## REFERENCE CHECK CONSENT:

*(to be completed by the applicant)*

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**

**Telephone No.**

Date

Candidate's Signature