



REFERENCE CHECK CONSENT FORM

Pursuant to Section 29(1) of The Freedom of Information and Protection and Privacy Act, I _____ authorize Lakehead District School Board to contact the persons or organizations listed below for purposes of obtaining validation of experience, qualifications and employment references, including information contained in my personnel file(s). These persons are authorized to disclose such information.

NOTE: Please print clearly. FAX NUMBERS ARE REQUIRED.

| Name of Reference | Employer | Position | Fax No. | Telephone No. | Email address |
|-------------------|----------|----------|---------|---------------|---------------|
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| | | | | | |

_____ Date

_____ Signature