



## REFERENCE CHECK CONSENT

Pursuant to Section 29(1) of The Freedom of Information and Protection of 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 files(s). These persons are authorized to disclose such information.

### REFERENCE 1

*Author of Performance Review or Practice Teaching Reports*

This must be completed by teaching/promotional candidates.

|                      |  |                  |
|----------------------|--|------------------|
| <b>NAME</b>          |  |                  |
| <b>EMPLOYER</b>      |  | <b>POSITION</b>  |
| <b>FAX</b>           |  | <b>TELEPHONE</b> |
| <b>EMAIL ADDRESS</b> |  |                  |

### REFERENCE 2

|                      |  |                  |
|----------------------|--|------------------|
| <b>NAME</b>          |  |                  |
| <b>EMPLOYER</b>      |  | <b>POSITION</b>  |
| <b>FAX</b>           |  | <b>TELEPHONE</b> |
| <b>EMAIL ADDRESS</b> |  |                  |

### REFERENCE 3

|                      |  |                  |
|----------------------|--|------------------|
| <b>NAME</b>          |  |                  |
| <b>EMPLOYER</b>      |  | <b>POSITION</b>  |
| <b>FAX</b>           |  | <b>TELEPHONE</b> |
| <b>EMAIL ADDRESS</b> |  |                  |

**Offers of employment are conditional upon verification of qualifications and work experience.**

Date

Signature