



REFERENCE CHECK CONSENT FORM

Pursuant to Section 39(1) of the Freedom of Information and Protection of Individual Privacy Act, I (Please Print Name) _____ authorize Ah-shawah-bin Sioux Lookout/Lac Seul Victim Support Services to contact the persons or organizations listed below for the purposes of obtaining reference information, including information contained in my personnel file(s).

The persons listed below are authorized to disclose such information:

- 1). Name: _____
Position Title: _____
Organization: _____
Phone #: _____

- 2). Name: _____
Position Title: _____
Organization: _____
Phone #: _____

- 3). Name: _____
Position Title: _____
Organization: _____
Phone #: _____

Candidate's Signature

Date