

EMPLOYER REFERENCE CHECK AUTHORIZATION

Date: _____

I _____ authorize Transitional Living Services of Northern New York to contact the following for a reference:

I grant permission for: (please check):

<input type="checkbox"/>	A detailed reference, including my reason for separation and evaluation of my job performance and skills.
--------------------------	---

I prefer that you limit the release of information to:

<input type="checkbox"/>	Date of Service
<input type="checkbox"/>	Positions Held
<input type="checkbox"/>	Final Salary

Such authority is given with knowledge that Transitional Living Services of Northern New York will hold all information received in the strictest confidence.

Thank you,

Signature