



Transitional Living Services of Northern New York

482 Black River Parkway, Watertown, New York 13601

Tel: 315-782-1777 Fax: (315) 785-8628

Professional Reference Check Authorization

Please note: professional references should be supervisory in nature (to include a current/former boss, internship supervisor, professor, coach, religious leader, etc.).

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

1. _____

Company: _____

Phone: _____

Email: _____

Fax: _____

2. _____

Company: _____

Phone: _____

Email: _____

Fax: _____

3. _____

Company: _____

Phone: _____

Email: _____

Fax: _____

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.
--------------------------	---

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

Date