

LIMESTONE DISTRICT SCHOOL BOARD

AUTHORIZATION TO CONTACT REFERENCES

Please sign below, confirming that you authorize the Board to contact the references that you have provided and that you authorize the release of personal information about your employment history. This information is collected pursuant to The Municipal Freedom of Information and Protection of Privacy Act, 1989, s.29(2) and is used solely for the purpose of determining your suitability for employment with the Board.

By signing below, you further agree that the Board may contact any of the references that have been provided as part of your application package, including those individuals who have provided professional letters of reference.

Name (printed)

Signature

Date