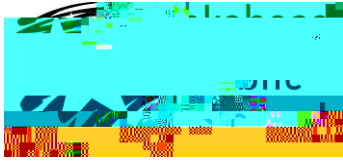


Jim McCuaig Education Centre
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Telephone (807) 625-5100



BULLETIN



REFERENCE CHECK CONSENT FORM

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

NOTE: Please print clearly. EMAIL ADDRESSES ARE PREFERRED.

Name of Reference	Employer	Position	Fax No.	Telephone No.	Email address
*Author of Performance Review, Practice Teaching Report or Occasional Teacher Evaluation Form					

*This section **must be** completed by teaching/promotional candidates. Offers of employment are conditional upon verification of qualifications and work experience.

Date

Signature