

# Bdote Learning Center

## Reference Authorization Form

To Whom It May Concern:

I hereby authorize any representative of the Bdote Learning Center bearing this Authorization to obtain information from my current and previous employers, or other sources including a licensing agency, if applicable, pertaining to my employment history. This authorization includes, but is not limited to, attendance records, disciplinary actions, licensing agency actions, length of employment and performance evaluations.

I hereby authorize you to release such information upon request of the bearer. This Authorization is executed with the full knowledge and understanding that the information is for official use by the Bdote Learning Center.

I hereby release you, the institution or establishment which you represent, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it. Should there be any question as to the validity of the Authorization, you may contact me as indicated below:

**This Authorization will continue in effect for 90 days from the date of signature. A photocopy of the Authorization shall have the same force as the original.**

Full Name (Typed or Printed): \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PROFESSIONAL REFERENCES TO BE CONTACTED

(1) Name and position of current supervisor: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

(2) Name and position of reference: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

(3) Name and position of reference: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_