

# Woodridge Local School District

## AUTHORIZATION TO CONTACT EMPLOYMENT REFERENCES

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

I voluntarily authorize the \_\_\_\_\_ School District to contact any references whose names I have submitted. I voluntarily release this School District and any of the persons providing information from any liability or legal claims relating to the use of information obtained.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date