



## Reference Check Release Form

I, \_\_\_\_\_, authorize the Mohawk Council of Akwesasne through the Executive Director; Jordan Wapass to contact the persons listed below for the purposes of obtaining reference information. These persons are aware that you will be contacting them and have my permission to discuss information regarding my current and/or pervious employment.

\_\_\_\_\_

1. \_\_\_\_\_

Name	Phone #	Relationship
------	---------	--------------

2. \_\_\_\_\_

Name	Phone #	Relationship
------	---------	--------------

3. \_\_\_\_\_

Name	Phone #	Relationship
------	---------	--------------

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date