



## Reference Check Release Form

I, \_\_\_\_\_, authorize the Mohawk Council of Akwesasne through the Executive Director; Heather Phillips 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 previous employment.

1. \_\_\_\_\_  
Name Phone # Relationship

2. \_\_\_\_\_  
Name Phone # Relationship

3. \_\_\_\_\_  
Name Phone # Relationship

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date