



REFERENCE CHECK CONSENT FORM

Non Teaching

Pursuant to Section 29(1) of the Freedom of Information and Protection and Privacy Act, I _____ authorize Superior North Catholic District School Board to obtain personal information from my present and/or previous employers and from any other persons I have listed as references to assist in obtaining validation of experience, my suitability, qualifications for employment with the Board. These persons are authorized to disclose such information.

NOTE: Please print clearly. Email addresses are preferred.

Name of Reference	Employer	Position	Fax Number	Telephone Number	Email address

Date: _____

Signature: _____

- Geraldton**
 Saint Joseph Catholic School
- Longlac**
 Our Lady of Fatima Catholic School
- Marathon**
 Holy Saviour Catholic School
- Manitouwadge**
 Our Lady of Lourdes Catholic School
- Nakina**
 Saint Brigid Catholic School
- Nipigon**
 Saint Edward Catholic School
- Red Rock**
 Saint Hilary Catholic School
- Schreiber**
 Holy Angels Catholic School
- Terrace Bay**
 Saint Martin Catholic School