

# 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.**

One reference must come from your current employment supervisor. If you are not currently employed, one reference must come from your last employer.

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