



Authorization to Contact References & Verify Education Credentials

I, _____, hereby authorize BCIT to contact the following references:
Candidate's Name (please print)

Please note we will be contacting a minimum of two references.

<i>Name of Reference</i> Current/former supervisor only	<i>Title</i>	<i>Organization</i>	<i>Telephone Number</i>
			Work: Home: Cell: E-Mail: Preferred contact time:
			Work: Home: Cell: E-Mail: Preferred contact time:
			Work: Home: Cell: E-Mail: Preferred contact time:

I also authorize BCIT to verify my education credentials.

Signed: _____

Date: _____

BCIT collects and maintains the information on this form for purposes consistent with the Freedom of Information & Protection of Privacy Act (RSBC 1996, ch. 165). The information is used to contact referees for the purpose of evaluating candidates for a BCIT position.