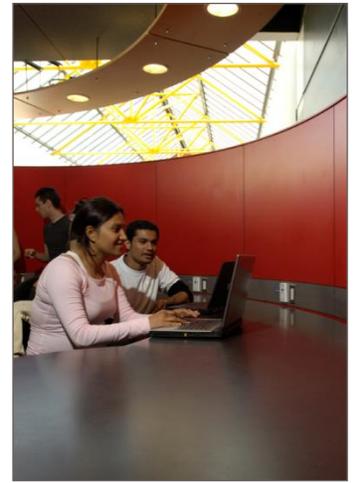


REFERENCE CONTACT

BRITISH COLUMBIA
INSTITUTE OF
TECHNOLOGY

HUMAN RESOURCES

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Authorization to Contact References & Verify Education Credentials

I, _____ hereby authorize BCIT to contact the referees
Candidate's Name (please print)
listed on this form, and to verify my credentials.

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

Signed: _____ Date: _____



BCIT collects and maintains the personal information on this form for the purpose of contacting referees to evaluate the suitability of candidates for a BCIT position.

MORE INFORMATION

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