Candidate Reference Release and Authorization



I authorize the representatives of XXX to contact the following references. This authorization is in effect for 12 months from the date indicated below.

Candidate Name	
Date	

Name and Title of Person to Contact	**Company Name, Address, Phone and E-mail Address**	**Relationship to the Person**	**Length of time the person has known you.**

_____ _____

Applicant Signature
Date

_____