

# 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**

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**Date**

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**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.**

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Applicant Signature

Date

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