

Elmcrest Children's Center, Inc.
Reference Authorization

Applicant: _____
Name

- ◆ I authorize the release of information on my character & job performance to Elmcrest Children's Center, Inc.
- ◆ I waive my privilege to view any and all reference information provided.
- ◆ I understand that neither Elmcrest Children's Center, Inc. nor the parties providing the reference information are liable for any damages resulting from furnishing, obtaining, or interpreting that information.

Signature: _____ Date: _____