



REFERENCE CONSENT FORM

PROFESSIONAL REFERENCES

I authorize Western Washington University to take steps to confirm and verify my past employment, my education, and other stated activities. I also consent and authorize my professional references, including my current and former employers to furnish any and all relevant information concerning my employment record. My professional references are indicated below:

Name	Job Title / Organization	Phone

READ BEFORE SIGNING

I am aware that any omissions, falsifications, or misrepresentations in any application and supplemental materials submitted may disqualify me from employment consideration; and if I am hired, may be grounds for immediate termination. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by current or former employers, schools, law enforcement agencies, human resources staff, and other authorized employees of WWU for employment purposes. This consent shall continue to be effective during my employment, if I am hired. I certify that, to the best of my knowledge, all of the statements contained here and on attachments are true, correct, complete, and made in good faith.

 Print Your Name

 Position Title and/or Search Number

 Signature

 Date