

Authorization to Check References

Full Name: _____ / _____
 Include full name for exact identification purposes / "Goes by" name

Address: _____

City: _____ State _____ Zip _____

Phone: (H) _____ (W) _____ (C) _____

Social Security # _____

I authorize Rockbridge Academy to contact the references listed below as part of checking my background regarding my application. Unless indicated below, we will not contact other parties.

All reference information will be treated confidentially and shared only with senior administration and board members.

Please check here if we are free to contact other references that we may develop. ☐

Date: _____

Signature: _____

Please provide business references who know you well who have been superiors, peers and subordinates. If possible, we would like at least three references with whom you have worked in each category. Please, no references which are solely personal in nature.

	CONTACT PERSON / Goes by	RELATIONSHIP	COMPANY	PHONE # & EMAIL
SUPERIORS				(W) _____ (Cell) Email: _____
				(W) _____ (Cell) Email: _____
				(W) _____ (Cell) Email: _____
				(W) _____ (Cell) Email: _____
PEERS				(W) _____ (Cell) Email: _____
				(W) _____ (Cell) Email: _____
				(W) _____ (Cell) Email: _____
				(W) _____ (Cell) Email: _____
SUBORDINATES				(W) _____ (Cell) Email: _____
				(W) _____ (Cell) Email: _____
				(W) _____ (Cell) Email: _____

