

CAMDEN CENTRAL SCHOOL DISTRICT PERSONNEL

VERIFICATION FOR ACCESS OF INFORMATION

I _____ hereby authorize Camden Central School District the right to access information regarding my qualifications for employment.

Signature

Date

References: (complete addresses need to be supplied)

1) Name: _____ Phone _____

Address: _____

2) Name: _____ Phone _____

Address _____

3) Name: _____ Phone _____

Address: _____

4) Name: _____ Phone _____

Address: _____

5) Name: _____ Phone _____

Address: _____