



Reference Authorization

Personal information

Last name: _____ First name: _____ Employee ID: _____

Authorization

I hereby authorize Concordia University to release all facts related to my employment, including but not limited to, the nature and duration of my employment, the quality of my work as well as my conduct during the employment, to the person(s) listed below.

People or organizations to whom I authorize Concordia University to release this information to:

Signature

Signature: _____ Date (D/M/Y): _____