

AUTHORIZATION TO RELEASE REFERENCE INFORMATION

Name of Candidate:		
Position Sought:	College:	
of my qualifications for the position. I here	University of New York (CUNY) and would like CUNY to be full by authorize any current or former employer, professional rese in good faith any information they may have regarding and ment.	eference,
	s, educational/training institutions and any other persons givi ges for providing the requested information.	ing
A photocopy or fax of this authorization sh	all be as valid as the original.	
Signaturo	Date	