

S^D Associates LLC

Behavioral Services Assessment, Consultation, Training and Direct Service
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Date:

To: Human Resources

I hereby authorize Sd Associates to release the following information regarding my employment with Sd Associates to companies that call for a reference check.

___ Dates of Employment

___ Position

___ Attendance

___ Salary

___ Performance

___ Eligibility for Rehire

Employee Signature

Date

Printed Name of Employee

