**Consent and Authorization**

Provide three professional references for the Resource Developer to contact.

|  |  |
| --- | --- |
| Name  | Company  |
| Telephone  | Email Address  |

|  |  |
| --- | --- |
| Name  | Company  |
| Telephone  | Email Address  |

|  |  |
| --- | --- |
| Name  | Company  |
| Telephone  | Email Address  |

[ ] I, the undersigned, authorize the following references to release the information requested by North Bay Regional Center.

[ ] I understand that the information released to North Bay Regional Center by the references listed below, will be used to help determine my eligibility for vendorization.

[ ] I have the right to revoke this release at any time, by submitting my written revocation to North Bay Regional Center.

Signature

 Enter Name Enter Date

Print Name Date