CONSENT AND AUTHORIZATION

Please note that vendorization will not occur until this request for references is signed and North Bay Regional Center receives the requested information from the references listed below. Provide three professional references for the Resource Developer to contact.

REFERENCES:

|  |
| --- |
| Name: Click here to enter text. |
| Company: Click here to enter text. |
|  Telephone# Click here to enter text. |
|  Address: Click here to enter text. |
|  City: Click here to enter text. |
|  State: Click here to enter text. |
|  ZIP: Click here to enter text. |

|  |
| --- |
| Name: Click here to enter text. |
| Company: Click here to enter text. |
|  Telephone# Click here to enter text. |
|  Address: Click here to enter text. |
|  City: Click here to enter text. |
|  State: Click here to enter text. |
|  ZIP: Click here to enter text. |

|  |
| --- |
| Name: Click here to enter text. |
| Company: Click here to enter text. |
|  Telephone# Click here to enter text. |
|  Address: Click here to enter text. |
|  City: Click here to enter text. |
|  State: Click here to enter text. |
|  ZIP: Click here to enter text. |

[ ] 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.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Click here to enter text. Date Click here to enter a date.

Print Name