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*Reference Check Release*

**I understand that NHSBA may contact references, former employers, and my educational institutions. I hereby fully consent to representatives of NHSBA making such contacts and communications and hereby consent, release, and encourage anyone so contacted to provide complete and honest information about me. I further release from any potential liability any claim I might otherwise have against anyone providing such information or NHSBA for making such contacts or relying thereon. Copies and telecopies of this form may be provided to persons providing information to assist in their cooperation.**

Signed \_\_\_\_\_ Date \_\_\_\_\_