

**REFERENCE INFORMATION RELEASE FORM**

*Our Way, Inc. P.O. Box 76, Tomahawk, WI 54487 (715) 453-7555*

In order that Our Way, Inc. may better evaluate my qualifications, I wish that they be fully advised of my employment record with you. I request that you furnish the necessary information. My signature below Authorizes the Release of my Employment Record.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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