

Internship Reference Check Authorization

I hereby authorize (organization) to contact my references in connection with my internship application. I understand that the information provided by my references will be used solely for evaluating my eligibility for the internship position.

Applicant Name:

Position Applied For:

Organization:

Reference Name:

Reference Position/Title:

Reference Email/Phone:

I understand that this authorization will remain in effect during the course of the selection process unless revoked by me in writing.

Applicant Signature:

Date:
