



1000 Hempstead Avenue • Post Office Box 5002 • Rockville Centre, NY 11571-5002

REFERENCE WAIVER FORM

Name of Applicant: _____

Position Applied: _____

Most Recent Supervisor:

Full Name _____

Position/Title _____

Telephone _____ Email _____

Please list 2 additional references below:

Full Name _____

Position/Title _____

Telephone _____ Email _____

Full Name _____

Position/Title _____

Telephone _____ Email _____

*Please list additional references on a separate sheet.

"I hereby authorize Molloy College to make inquiries regarding my education, work experience and references, unless otherwise stated. I hereby release all parties and persons associated with any such inquiries from liability in connection with information they give."

Signature of Applicant

Date