



ROCK U, P.O. BOX 460462, ESCONDIDO, CA 92046

## REFERENCE CHECK

For the purpose of evaluating my qualifications to be a member of the Rock U association of private music instructors to people of all ages, ethnicities, socio-economic classes and backgrounds, I consent to Rock U or its agents conducting a reference check which will include a phone call to the below references listed. I understand that I may receive additional information about these reference checks by submitting a written request.

I understand that Rock U may deny me the opportunity to be a member of the association if the company receives information that it considers unfavorable.

I release Rock U or its agents from any liability resulting from use or disclosure of the information obtained from the reference check.

I have read this release and consent form and understand all of its terms. I sign it voluntarily and with full understanding of its significance.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

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Name Relationship (specify personal or professional) Length of time known Phone #

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