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## Society for the Protection & Care of Children

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### Student Intern Reference List

Please list three references that have direct knowledge of your professional/educational experience and skills:

1. Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

### PERMISSION FOR RELEASE OF INFORMATION

I hereby authorize the Society for the Protection and Care of Children (SPCC) to obtain employment and/or personal references and/or pertinent information required by them pertaining to my internship. I understand that any information provided to SPCC will be held in strict confidence and used only to verify statements which I have made. I release SPCC and its representatives from any liability in this regard.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_