Authorization to Contact Employers

As part of my application to the Radiologic Sciences Program, I have provided the
name and contact information for my employers. I understand that the Radiologic
Sciences Program will contact the employers that I have listed and ask questions
about my performance as an employee.

By signing below, I hereby give permission to the Radiologic Sciences Program to contact my employers.

Name		
Signature	 	
Date		

SIGNATURE PAGE 2009