REFERENCE REQUEST FOR: _____

You must enter your full name before you give this form to your reference for completion.

The above named person has submitted an application for the **TrustLine Registry**. This person has selected you to write a reference statement on his/her behalf.

If you are related to this person in any way, please do not complete this reference statement.

Please complete the entire form. Your honest reply will help us ensure high quality, license-exempt child care.

YOUR NAME

STREET ADDRESS

CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
			( )

1. How long have you known this person?

2. How do you know this person?

3. Please give your opinion of this person's character.

4. Please describe any interaction you have observed between this person and children.

5. Please add any comments you feel are relevant about this person and his/her desire to care for children.

PRINT YOUR NAME

YOUR SIGNATURE

DATE