

## Release and Authorization Form

I Sathish1 A, hereby authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, countries and federal/specific courts and military services to release information about my background including but not limited to information about my employment, education, credit history, driving records, criminal records, general public records to the person or company with which this form has been filed or their assigned agents thereof. My consent, below releases the aforesaid parties or the company or the individuals releasing the information from any liability whatsoever in collecting and disseminating the information obtained. Further, in accordance with the host nation laws regarding the release of information, the Data Protection Privacy Act, the European Privacy Act and others specific acts/regulations based on respective regions, I authorize the transmittal and release of information to Criterion Screeners and my current/propective employer Billing Changes in any country.

Signature

Date

*Asathish*

31/10/2022

Sathish1 A

Note: Kindly print the form and sign above before sending the scan copy to Billing Changes.