



athenahealth Technology Private Limited,
#40, Module 3&4, 9th floor A-block
MGR Main Road, Perungudi
Chennai, Tamil Nadu 600096
India

Letter of Consent

I consent athenahealth technology private limited, herein referred as athenahealth to conduct checks to verify criminal, education, employment and reference of self, for purposes of evaluating my candidature for the position I have been offered for. In this regard I authorize athenahealth to disclose all relevant information to an external party for verification purposes.

I also authorize athenahealth to share my contact information with the external party to facilitate verification of my candidature.

In the event that athenahealth is unable to verify any information stated in my application, it is my responsibility to furnish the necessary documentation.

I understand that my employment with athenahealth is contingent to satisfactory completion of all verification and background checks and I may withhold my permission for any investigation in which case my employment will not be processed further.

I hereby acknowledge and agree to the above outlined terms.

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Signature

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Name

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Date