

RELEASE FOR INFORMATION

NAME LILLYAN DAOSIN PAN DATE 11/30/15
(PLEASE PRINT OR TYPE LEGIBLY)

EMAIL ADDRESS: LDP54@CORNELL.EDU PHONE#: 651 354 5074

In connection with any consumer report and/or investigative consumer report authorized by me in connection with my application for employment or continued employment with Johnson & Johnson or any of its subsidiaries or affiliated companies, I authorize all persons, schools, companies, corporations, credit bureaus, governmental agencies, courts, licensing authorities and law enforcement agencies, to release information about me without restriction or qualification to Yale Associates Inc. (Yale), and any of its officers, agents, employees and servants.

I voluntarily waive all recourse and release Yale, Johnson & Johnson and its subsidiaries and affiliated companies, the above sources and firms, and any of their officers, agents, employees and servants, from any liability for complying with this authorization or the authorization to procure a consumer report and/or investigative consumer report.

This authorization to release information will be valid for any future consumer reports or investigative consumer reports as may be necessary during my employment with any Johnson & Johnson company.

SOCIAL SECURITY NUMBER* 474319586 DATE OF BIRTH* _____

Please code your SOCIAL SECURITY NUMBER and DATE OF BIRTH by darkening the boxes below:

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Month	
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May	Jun
Sep	Oct
Nov	Dec

Day	
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Year			
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SIGNATURE [Signature] DATE 11/30/15

OTHER NAME(S) USED _____