Declaration and Authorization

I hereby authorize First Advantage (or any third party agent appointed by First Advantage) to contact former employers, universities / education institutions, professional organizations, regulatory authorities/agencies etc. (verifying authorities) to carry out my Background Verification as required by the requestor.

I authorize former employers, universities / education institutions, professional organizations, regulatory authorities/agencies etc. (verifying authorities) to release any information pertaining to my background (e.g. employment details /education qualification / criminal records etc) and I release them from any liability in doing so.

Signature:

Name:

ie: (Panka) 409)

Date:

6-OC+ -2017