



INFORMATION RELEASE FORM

To Whom it May Concern;

I _____
Last Name First Name Middle Name

I hereby authorize **Lendell Outsourcing Solutions, Inc.** and/or their authorized representatives to verify the information presented in my application form and resume in relation to the following:

- a. Academic Record
- b. Employment History
- c. Personal Information
- d. Address Verification, Neighborhood and Barangay Check
- e. Court Check (RTC/MTC/MTCC)

to procure a verification report for that purpose.

I hereby grant authority for the bearer of this letter to access or be provided with full details.

Signature over Printed Name

Date (Month/Day/Year)

Date of Birth: _____

Identification No.: _____

- ☐ UMID
- ☐ SSS
- ☐ PHILHEALTH
- ☐ HDMF / PAG-IBIG
- ☐ VOTER'S ID
- ☐ POSTAL ID

PRIVACY POLICY

LENDELL Outsourcing Solutions, Inc. respects and is committed to maintaining the privacy of all individuals who provide personal information to us. LENDELL's Privacy Policy governs how to deal with the collection, security, quality, use and disclosure of personal information in compliance with the **Data Privacy Act of 2012** or the **Republic Act No. 10173**.