



## LETTER OF AUTHORIZATION

## To Whom It May Concern:

I hereby authorize First Advantage to verify all information provided in my resume and application of employment, and to conduct enquiries as may be necessary, at their discretion. I authorize all persons who may have information relevant to this enquiry to disclose it to First Advantage. I release all persons from liability on account of such disclosure. I am willing that a photocopy of this authorization be accepted with the same authority as the original.

## Consent And Authorization

I have read and accept the terms of thi	o o mile prome. 174100
First Name (given name) :	SHARMAINE
Last Name (family name) :	Go
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## Signature

Date: Mon Feb 13 01:10:59 GMT 2023