

## Authorization

### Applicant's Information:

**First Name:**  
Maria Kristine

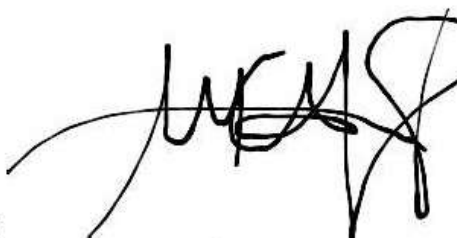
**Middle Name:**  
Arielle

**Last Name:**  
Fernandez

### CONSUMER REPORT / INVESTIGATIVE CONSUMER REPORT AUTHORIZATION DOCUMENT

By signing below, I authorize Adventist Health System Sunbelt Healthcare Corporation and/or its subsidiaries, parents successors, and affiliates (the "Company") to order consumer reports and investigative consumer reports, including criminal background checks, from any consumer reporting agency ("CRA"), to the extent allowed by law, including the current CRA PreCheck, Inc. I understand that, to the extent allowed by law, the Company may rely on this authorization to order additional consumer reports and investigative consumer reports from any CRA without asking me for my authorization again during any period of employment.

For the specific purpose of preparing consumer reports and investigative consumer reports for the Company, and *subject to all laws protecting my privacy*, I authorize the following to disclose to the CRA the information needed to compile the reports: law enforcement and all other federal, state, and local agencies; all courts; my past or present employers; learning institutions, including colleges and universities; credit bureaus; and motor vehicle records agencies.



**E-Signature:**  
**Signed from IP:** 192.168.15.103 **Time:** 2/24/2023 9:51:19 AM