



## 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 agree to provide my authorization per the terms of the above authorization. I Agree

First Name (given name): Angel Xievery

Last Name (family name): Dupa

Signature

Date: Mon Feb 06 10:09:23 GMT 2023