

**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

New York applicants: By accepting below, you also acknowledge receipt of Article 23-A of the New York Correction Law (available in your online application).

Noreen Buluran Bernabe

Signature

NOREEN BULURAN BERNABE

Printed Name (First, Middle, Last)

6974

Last four digits of Social Security Number

Date

03/20/2023