


## Letter of Authorization

I hereby authorize Vanguard Screening Solutions Inc., to verify information provided in my form for background screening purposes. I authorize all persons who may have information relevant to this enquiry to disclose it to Vanguard Screening Solutions Inc. and its partners and associates, and release all persons concerned from liability on account of such disclosure. I hereby voluntarily affix my signature and represent this document to be an original.

I further authorize the procurement of a consumer credit report or other like documents and understand the report may contain information on my background, mode of living, character, and personal reputation. I further consent to the review and release of any information from my military records deemed necessary.

I further acknowledge, consent and agree that photocopies of this Letter of Authorization may be made and used as if they were original copies.

Signature :   
Full Name : MYRA ANNE MICHELE T. PICACHE  
Date of Birth : 09/09/1974 (MM/DD/YYYY)  
Identification No. : 2105091608 (Government issued ID)  
Date : 02/24/2023