

**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).

Signature

Printed Name (First, Middle, Last)

Last four digits of Social Security Number

Date