



WAIVER/AUTHORIZATION LETTER TO CONDUCT VERIFICATION
Doc. No.: LOSI-0070 Code: LOSI-WAU-0070
S. No. SN-0001 V. No.: VN-0001 RV. No. RVN-0001

INFORMATION RELEASE FORM

To Whom it May Concern;

I Capco Kyle Jorell Cruz
Last Name First Name Middle Name

I hereby authorize **Lendell Outsourcing Solutions, Inc.** and/or their authorized representatives to verify information presented in my application form and resume in relation to the following:

- a. Academic Record
- b. Employment History
- c. Personal Information

to procure a verification report for that purpose.

I hereby grant authority for the bearer of this letter to access or be provided with full details.

Kyle Jorell C. Capco 02/06/23
Signature over Printed Name Date (Month/Day/Year)

Date of Birth: August 15, 1994
Identification No.: 34-5766653-1 0102-5924-7972 1211-6735-6813

- ☐ UMID
- ☒ SSS
- ☒ PHILHEALTH
- ☒ HDMF / PAG-IBIG
- ☐ VOTER'S ID
- ☐ POSTAL ID

PRIVACY POLICY

LENDELL Outsourcing Solutions, Inc. respects and is committed to maintaining the privacy of all individuals who provide personal information to us. LENDELL's Privacy Policy governs how to deal with the collection, security, quality, use and disclosure of personal information in compliance with the **Data Privacy Act of 2012** or the **Republic Act No. 10173**.