

**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**

**Signature**

*Mary Amae Garcia Licup*

**Printed Name (First, Middle, Last)**

MARY AMAE GARCIA LICUP

**Last four digits of Social Security Number**

8852

**Date**

03/24/2023