



INFORMATION RELEASE FORM

To Whom it May Concern;

I	Flordeliza	Zhaman	Gavera
	Last Name	First Name	Middle Name

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

- a. Academic Record
- b. Employment History
- c. Personal Information
- d. Address Verification, Neighborhood and Barangay Check

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.

 Zhaman Flordeliza	April 13, 2023
Signature over Printed Name	Date (Month/Day/Year)

Date of Birth:	June 16, 1978
Identification No.:	3370418002

- ☐ 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**.