

Roadmaster Drivers School/Career Path Training DISCLOSURE & RELEASE

Roadmaster Drivers School, its subsidiaries and companies may obtain consumer reports and other information as part of their evaluation of your application for acceptance and/or employment or financing. These consumer reports may include, among other things the following types of information:

- Names of previous employers / Dates of Employment
- Educational Transcripts
- Reasons for change or termination of employment
- Description of skills and work experience
- Description of employment discipline or other employment problems
- Number and cause of vehicle or other accidents
- Public record information concerning your driving record (MVR)
- Credit reports, including bankruptcy proceedings
- Workers Compensation Claims
- Pay stubs or income information from current or previous employers
- Criminal Records

RELEASE

I hereby authorize the procurement and use of my consumer reports and items listed above, including but not limited to Educational/School Transcripts, reports from USIS and/or ScreeningOne deemed necessary by **Roadmaster Drivers School/Career Path Training**, its subsidiaries or companies in their consideration of my acceptance, financing and/or employment. I understand that this authorization may remain on file with my employing company and shall serve as on going authorization to procure consumer reports at any time during employment (or contract) period. I authorize the sharing of my consumer reports with such third parties as **Roadmaster Drivers School/Career Path Training**, its subsidiaries or companies may deem necessary to acquire financing or employment on my behalf.

MARKETING RELEASE – I acknowledge the necessity and desirability of Roadmaster Drivers School and its affiliates to market education programs offered by the school. Therefore, I hereby grant permission to Roadmaster Drivers School, its subsidiaries, affiliates, representatives, licensees, marketers, and any other parties or publishers of its promotional materials and their successors and assigns to take, use and publish photographs, videos/digital images, and testimonials of or from me for use in news releases, educational materials and/or promotional and marketing materials. These materials might include printed or electronic publications, web sites or other electronic communications. I further agree that my name may be revealed in descriptive text or commentary in connection with or without the image(s). I authorize the use of these images without compensation to me. Initial here _____ only to decline the marketing release portion above.

MEDICAL RECORDS RELEASE

I acknowledge that I have been advised that I will be required to submit to an approved Department of Transportation ("DOT") PHYSICAL EXAMINATION AND DRUG TEST to be administered by a third party servicer. I agree and do hereby authorize the release and disclosure of the results of my DOT PHYSICAL and DRUG TEST, including any reports made by any third party servicer to Roadmaster Drivers School/Career Path Training and agree to hold such third party servicer harmless from any damages resulting from such disclosure and release. I understand and acknowledge that the results will be made available to any potential employer who requests such information and I authorize the release of such information to any such potential employer. I understand and acknowledge that the results of any DOT PHYSICAL EXAMINATION and/or DRUG TEST may be retained by Roadmaster Drivers School/Career Path Training for so long as required by applicable regulations and/or the document retention policy of Roadmaster Drivers School/Career Path Training. I further understand that if the DRUG TEST result received, after I have been accepted and started training is POSITIVE (indicates NOT drug free) I will be required to stop training. Any tuition paid to Roadmaster Drivers School/Career Path Training will be refunded based on Roadmaster Drivers School/Career Path Training's school Refund Policy.

I also authorize the release of any information gathered hereunder to any state and/or federal funding agency or third party employee.

I hereby consent to receive future telephone communications using manual or automated dialer systems from School, its assigns, affiliates and any subsequent holder of any Contract between myself and the School to any residential or cellular telephone number which I have provided or which may be discovered to belong to me at any time in the future.

Applicants Signature
Print: _____

Date

Last four of SSN

USIS/ScreeningOne Services Information

I understand that I have the right to make a request to USIS and/or ScreeningOne, upon proper identification, to request the nature and substance of all information in the files concerning me at the time of my request. To include the source of the information; and the recipients of any reports concerning myself which USIS and/or ScreeningOne has previously furnished within the two-year period preceding my request.