Letter of Authorization

To whom it may concern

I understand that GENPACT may use an outside agency to verify and validate the information I have provided including my employment, my personal background, professional standing, work history and qualifications.

I understand that an outside background agency may obtain information it deems appropriate from various sources including, but not limited to, the following: current and past employers, criminal conviction records, school records, College records and professional and personal references.

I authorize, without reservation, any individual, corporation or other private or public entity to furnish GENPACT and the outside background agency all information about me.

I unconditionally release and hold harmless any individual, corporation, or private or public entity from any and all causes of action that might arise from furnishing to GENPACT and the outside agency information that they may request pursuant to this release.

This authorization and release, in original, faxed or photocopied form, shall be valid for this and any future reports and updates that may be requested.

Sign _____

Information Release Form

To Whom It May Concern:

I …………………………………………………….. (Complete Name)
Hereby authorize GENPACT and any persons or organizations acting on its behalf, to verify information presented on my employment application/resume and to procure an investigative report or consumer report for that purpose.

I hereby grant authority for the bearer of this letter to access or be provided with full details of my previous employment record held by any company or business for which I previously worked. This information should include the dates of employment; the nature of the position held, [details of my salary upon departure] and an appraisal of my performance, capabilities and character. In addition, please provide any other pertinent information requested by the individual presenting this authority.

I hereby release from liability all persons or entities requesting or supplying such information.

Signed: _____

Name in Block Capitals: _____

Date of Birth: _____ _____

Date: _____