

## DISCLOSURE OF INTENTION AND AUTHORIZATION TO PROCURE AN INVESTIGATIVE CONSUMER REPORT

Lucasfilm Ltd. (the "Company") intends to procure a consumer report on your background (a "Report") from:

ADP Screening & Selection Services  
301 Remington  
Fort Collins, Colorado 80524  
800/367-5933

**Your authorization is required before the Company may obtain a Report providing the above information about you. Please sign and return this Authorization form. By signing below, you hereby authorize us to obtain a consumer report about you, limited to employment reference and education verifications, in order to consider you for employment.**

In preparing the Report, ADP Screening & Selection Services will verify your education and employment history. The Report may include information about your character, general reputation, personal characteristics, and mode of living. The Company may use the information contained in the Report to make decisions regarding your application for employment with the Company. If you are hired by the Company, it may also procure subsequent Reports for employment purposes (including, without limitation, to make decisions regarding retention, reassignment or promotion) unless this authorization is revoked in writing.

Please accurately complete the information requested below. By Signing below you understand that any false statement, misrepresentation, or omission of facts on this authorization, or otherwise provided to the Company or ADP Screening & Selection Services, is grounds for immediate termination of employment, regardless of when the Company discovers the false statement, misrepresentation or omission of facts.

Before the Company takes any adverse action regarding your application for or any subsequent employment with the Company based in whole or in part on information obtained in a Report, you will be provided with a copy of the Report and a written description of your rights under the Fair Credit Reporting Act and the California Investigative Consumer Reporting Agencies Act. If you disagree with the accuracy of any information in the Report, you must notify the Company within 5 business days of your receipt of the Report that you are challenging the accuracy of the information contained in the Report with ADP Screening & Selection Services and advise the Company as to the basis of your challenge.

I hereby authorize any and all persons, business entities, credit agencies and governmental agencies (collectively, "Third Parties") who may have information relevant to the Report(s) to disclose such information to the Company by and through ADP Screening & Selection Services. I hereby release the Company, ADP Screening & Selection Services and all Third Parties to the fullest extent permitted by law, from any liability or claims arising from retrieving and reporting information concerning you and from using the Report for employment purposes.

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

Name as it appears on Driver's License: \_\_\_\_\_

Most Recent Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ADP Customer Number: 1327736

Fax No. (415) 746-3080

LAL Fax No. (415) 662-7831