

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION on page 1 of this document and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents.

I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by COMPANY at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, court administrator, state or federal agency, institution of learning, school or university (public or private), information service bureau, employer, credit bureau, department of motor vehicles or driver licensing bureau, military branch or National Personnel Records Center, sex offender registry, licensing board, workers' compensation administrator, personal or professional reference to furnish any and all background information requested by Frasco Profiles, 215 W. Alameda Avenue, Burbank, CA 91502, Phone: (800) 820-9029, Fax: (818) 567-1215, www.frascoprofiles.com, another outside organization or individual acting on behalf of Frasco Profiles, and/or COMPANY itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by COMPANY.

California applicants or employees only: By signing below, you also acknowledge receipt of the Additional Notice to California Applicants. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by COMPANY whenever you have a right to receive such a copy under California law.

Full Name (print): \_\_\_\_\_

Other Full Names used in past ten years: \_\_\_\_\_

\_\_\_\_\_

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

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