
AUTHORIZATION FORM

I have carefully read and understand this authorization form. By my signature below, I hereby authorize all corporations, employers, educational institutions, law enforcement agencies, city, state, county and federal courts and military services to release information about my background including but not limited to, information about my employment, education, driving records, criminal record. This authorization form does not extend to reports regarding my credit or financial history or my credit worthiness.

I understand that my personal information will not be transferred to any country that lies outside the European Economic Area (EEA); however, information/data can be transferred with my consent at the point of collection where it is known that there will be a need or desire to transfer such data. Further in accordance with host nation laws regarding the release of personal information, the Fair Credit Reporting Act FCRA, 15 U.S.C. 1681-1681u, Data Protection Privacy Act 1998, European Directive on Data Protection 95/46/EC and others, the release of my personal background information pertaining to the criminal background investigation, employment history and education verification is expressly authorized.

My signature below acknowledges the fact that I have read and understand Info Cubic' Privacy Policy regarding the handling of my personal information. Furthermore, I hereby release the aforesaid parties or the company or individuals releasing information about me from any liability whatsoever in collecting and disseminating the information obtained.

SUMMARY OF MY RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

- I may request and obtain all the information about me in the criminal history background report. There is no cost to me to be provided a copy of this report.
- All information provided about me in the report is held in strictly confidence by Info Cubic and shall not be disseminated to any third parties.
- If there is identity theft, or misuse of the information about me, I may be able to take action against the party responsible for the theft or misuse in state or federal court.

Check the box if you are a resident in EU.

I give Info Cubic, LLC and its representatives and agents permission to obtain records and transfer them outside of the EU.

Your Signature Here: _____ **Date:** _____

Note: