

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION 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 the 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, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company, or other party to furnish any and all background information requested by Praesidium, Inc., P.O. Box 202002, Arlington, TX, 76006, 800-743-6354, another outside organization acting on behalf of **the Company**, and/or **the Company** itself. I agree that a facsimile ("fax") or electronic or photographic copy of this Authorization shall be as valid as the original.

State of Washington applicants and employees only: You of the nature and scope of any investigative consumer regunder Washington law.	have the right to rece port as well as a writte	ive a complete a n summary of y	and accurate of our rights and	disclosure I remedies
Massachusetts and New Jersey applicants and employees only: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.				
New York applicants and employees only: You have the riconsumer report requested by the Company by contacting By signing below, you also acknowledge receipt of Article	g the consumer report	ing agency iden	tified above d	/e lirectly.
Minnesota applicants and employees only: You have the complete and accurate disclosure of the nature and scope disclosure within five days of receipt of your request or of check this box if you would like to receive a copy of a constitution.	e of any consumer report f Company's request for	ort. Agency must or the report, wh	st make this nichever is lat	e. Please
Oklahoma applicants and employees only: Please check t report if one is obtained by the Company.	his box if you would lil	ke to receive a c	opy of a cons	umer
California applicants and employees only: By signing belo BACKGROUND INVESTAGATION PURSUANT TO CALIFORN a copy of an investigative consumer report at no charge if to receive such a copy under California law.	IA LAW. Please check	this box if you v	ould like to r	eceive
Signature:		Date:		
ngilatare.				
Print Full (LEGAL) Name:	Middle		Last	
Maiden Name (if applicable):				
Address (college students use home address):		City	Stata	Zip Code
Street		City	State	Zip Code
Counties & States You Have Lived Within the Last 10 Years:				
Social Security Number:	*	Date of Bir	th:	
Driver's License Number:		State Driver's License Issued:		

