



International Consent / Authorization

TruDiligence Office: (303) 692-8445 Fax: (303) 692-8511
Website: www.trudiligence.com

In connection with this request I authorize all governmental and private agencies within the European Union, or any member state thereof, Asia Pacific (APAC); Middle East; South America or African regions, to release information they may have relating to my criminal record, educational or employment record to the person or company with which this form has been filed, or their agent for that purpose in which this consent was obtained. I authorize this consent to any nation outside the E.U or my home country of _____.

I understand that data will not be transferred to any country that lies outside the European Economic Area (EEA); Asia Pacific (APAC); Middle East; South America or African regions; however data can be transferred with the consent of the data subject (applicant) 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 the host nation laws regarding the release of information, the Fair Credit Reporting (FCRA), 15 U.S.C. 1681-1681u, Data Protection Privacy Act 1998, European Directive on Data Protection 95/46/EC and others, I authorize the release and transmittal of information from any country to any required agency that may have a legitimate business need, and to a company or any of its affiliate companies should the need arise. I further authorize any agent, to the extent required by any laws, rules applicable to any country, to provide the data pursuant to this authorization to governmental authorities in any country in connection with any regulatory filings it may submit to authorities.

I understand and agree that my appointment is conditional upon the verification, to the Company's satisfaction, of the information provided on this form and that this information and that contained on attached documents, is true and complete to the best of my knowledge.

My signature below acknowledges the fact that I have read, understand and freely give my unambiguous consent to the handling of my personal information. Furthermore, I hereby release the aforesaid parties or the Company or individuals that release information about me from any liability whatsoever in collecting and disseminating the information obtained.

PLEASE PRINT CLEARLY

Applicant Name (please print in black ink)

Date (month/day/year)

Address in Country (Street, City, Country, Postal Code)

Date of Birth (month/day/year)

Mothers Maiden Name

Government ID #, or similar, if applicable

ID Type (Passport, DL etc)

Applicant Signature