

BRANDYWINE LABEL PRINTING, INC.
RELEASE OF INFORMATION AUTHORIZATION



I hereby authorize Brandywine Label Printing and its employees and authorized agents, to verify any information I have provided. In connection with, and the duration of my employment (including contract for services) with you, I understand investigative background inquiries are to be made on myself including consumer, criminal, driving and other reports. These reports will include information as to my character, work habits, performance and experience, along with the reasons for termination of past employment from previous employers. Further, I understand you will be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences, as well as claims involving me in the files of insurance companies. All inquiries are subject to the provisions of the Fair Credit Reporting Act.

I authorize my current and previous employers, educational institutions, banking and other financial institutions, credit rating bureaus or institutions maintaining individual credit rating files and governmental agencies or political subdivisions to give any information requested regarding my employment, character and qualifications. Any previous employer is also hereby authorized to release any and all documents which, by agreement with me, have been designated as confidential or sealed.

I hereby expressly release and hold harmless Brandywine Label Printing, their agents, employees and any person or organization who provides information or records relating to me from any and all liability or claiming related to the investigation of my personal employment audit or financial history. I further agree to release and hold harmless, any person or entity which provides accurate and further information to Brandywine Label Printing, or its agents in the course of conducting a background check for purposes of employment with Brandywine Label Printing.

This Release shall be valid for six (6) months immediately following the date of my signature below.

The disclosure of your Social Security Number (SSN) is voluntary. A false statement or a material omission on any part of your application may be grounds for termination from employment.

In compliance with the Privacy Act of 1974, the following information is provided:

I have read, understood, and approve of the previous Privacy Act notice:

Initials: _____

Name (Please Print)

Social Security Number (SSN Optional)

Previous Names / Maiden Names

Current Address City / State / Zip

Date of Birth

Driver's License Number State

Date

Applicant Signature