MIND YOUR BUSINESS

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE REPORT

I, the undersigned consumer, do hereby authorize Henderson County Young Leaders Program, by and through its independent contractor, MIND YOUR BUSINESS, INC. ("MYB"), to procure a consumer report and/or investigative consumer report on me.

These above mentioned reports may include, but are not limited to, employment and education verification; personal references; citations; a social security number verification; present and former addresses; criminal and civil history/record; worker compensation records; and any other public record; and any other information bearing on my credit standing, credit capacity, worthiness, character, general reputation, personal characteristics, trustworthiness and/or mode of living.

I understand that the investigative consumer report I have authorized above may include information obtained by interviews with my neighbors, friends and/or associates and/or others with whom I am acquainted or who may have knowledge concerning said information. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon written request to MYB that is made within a reasonable time after the date hereof.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Henderson County Young Leaders Program, by and through MYB, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies, workers' compensation departments and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources, ***including alcohol and controlled substance information from previous employers.***

I hereby release Henderson County Young Leaders Program, MYB and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs, or others making such claim or demand on my behalf, for procuring, selling, providing, brokering, and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

PRINTED NAME: _____
First Middle Last Maiden/Other

SIGNATURE: _____ DATE:_____

COMPLETE RESIDENCE ADDRESS: _____
Street Number/P.O. Box Street Name

_____
City State Zip Code County

SOCIAL SECURITY NUMBER: _____
DAYTIME TELEPHONE NUMBER: _____
DRIVER'S LICENSE NUMBER:_____STATE ISSUED:_____
DATE OF BIRTH*:_____GENDER*:_____
Alternatively, you may elect to call MYB directly at (888) 758-3776 X9909 to leave your Date of Birth

*** This information is voluntary. However, without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.**

PLEASE LIST ALL ADDITIONAL RESIDENCES WHERE YOU HAVE RESIDED IN THE PAST FIVE (5) YEARS:

_____
Street Number/P.O. Box Street Name City State Zip Code County

_____
Street Number/P.O. Box Street Name City State Zip Code County

_____
Street Number/P.O. Box Street Name City State Zip Code County