

BACKGROUND CHECK RELEASE AUTHORIZATION

I hereby give my permission for Tegrete Corporation, through its ScanScreener online background checking software to obtain information relating to my Social Security Number, criminal, and Department of Motor Vehicles record. I UNDERSTAND THIS INFORMATION MAY BE SHARED WITH BOTH COMPANY AND/OR CLIENT given that I will have access to, and will be performing work at the companys client property. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct. I understand that information may be gathered or obtained on electronic database through a potentially fallible source and I assume full responsibility for any inaccurate or incomplete identifying information submitted or received as a result of inaccurate or incomplete identifying information provided from reporting agencies. I understand that information regarding sex, race and date of birth is requested for the sole purpose of gathering the above information as accurately as possible, and will not be used to discriminate against me in violation of any law. A telephonic facsimile (FAX) or a photographic copy of this authorization shall be valid as the original. I also understand that as long as I remain an employee of a firm utilizing ScanScreener, the criminal history records check may be repeated at any time. I understand that I will have the right to review the criminal history as received if I request it, and a procedure is available for clarification if I dispute the record as received.

By this Release Authorization, I hereby forever release, discharge, exonerate, hold harmless and indemnify RTI, Inc., AND Tegrete Corporation, their officers, employees, representatives, agents, subcontractors and independent contractors and any other person entity, organization or institution furnishing information to them or utilizing ScanScreener technology from any and all liabilities, of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from reporting agencies and any other claim or cause of action arising out of the furnishing, inspecting, or copying of any documents, files, records and other information.

PLEASE PRINT YOUR FULL NAME

HOME ADDRESS

CITY STATE ZIP CODE COUNTY OF RESIDENCE

SOCIAL SECURITY NUMBER DATE OF BIRTH

PLEASE LIST FORMER ADDRESSES AND COUNTIES OF RESIDENCE BELOW:

FORMER ADDRESS

CITY STATE ZIP CODE COUNTY OF RESIDENCE

FORMER ADDRESS

CITY STATE ZIP CODE COUNTY OF RESIDENCE

X _____
SIGNATURE

DATE