I hereby direct and authorize Plan USA to conduct a criminal background check on me and to obtain the results of said background check.

I hereby waive and release any and all manner of actions, causes of actions, and demands of every kind, nature and description, which I may have now or in the future, arising from any release of criminal records and requests therefrom, against Plan USA and its employees and agents in connection with the criminal background check.

A photocopy of this authorization will have the same authority as the original.

_____

(Printed) First Name MI Last Name

_____

Street Address City State Zip

_____ _____

Date of Birth Sponsor Number

Social Security Number (for identification purposes only) _____

_____

Please list any previous names

_____

Please list past addresses (attach additional sheet if necessary)

_____

Signature Date

Sworn to before me in the City of _____, State of

_____ this _____day of

_____, 200____.

_____

Notary Public

_____

Commission Expires