AUTHORIZATION TO RELEASE INFORMATION

I understand that investigative background inquiries are to be made on myself, which may include but not be limited to, consumer credit, criminal, civil, driving, banking, financial, insurance, employment, educational and other records and reports. I hereby authorize and direct any and all federal, state, and local governmental or civil agencies, and all consumer reporting agencies, educational institutions, present or former employers and individuals who may have information on me in their records or files or by virtue of personal knowledge, to disclose and release to Kohn and Company d/b/a Graymark Security Group ("Graymark") such information as may legally be released under the Freedom of Information Act, the Fair Credit Reporting Act, the Driver Privacy Protection Act and other applicable federal or state laws.

I understand and agree that any and all information so disclosed and released to Graymark by any agency, institution, entity, or individual shall be made known to **Vino Salon Studios, LLC** or its designees. Further, I understand this document shall serve as a continuous authorization.

Graymark follows reasonable procedures to assure maximum possible accuracy of the information reported. I realize this information is obtained and processed by fallible sources (human and otherwise) and that Graymark cannot be either an insurer or a guarantor of the accuracy of the information reported.

As outlined in the Fair Credit Reporting Act, if my application is declined based in whole or in part on information contained in a consumer report, I understand that Vino Salon Studios, LLC will disclose this fact to me along with the name and address of the consumer reporting agency where it obtained the credit report. I hereby consent and allow Vino Salon Studios, LLC to procure any consumer report, now or at any time in the future, as Vino Salon Studios, LLC deems necessary for purposes, pursuant to Section 604(b) of the Consumer Credit Reporting Reform Act of 1996. I am providing an/my email address for simultaneous reporting of any adverse information to the company and myself.

SIGNATURE _____ EMAIL ADDRESS _____ DATE _____

The following information is used for identification and statistical purposes as permitted under EEOC guidelines.

Please print all requested information: ***Cost Center:*** _____

LAST _____ FIRST _____ MI _____ OTHER NAMES USED _____ RACE _____ SEX _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____ DRIVER'S LICENSE NUMBER _____ STATE _____ ( ) TELEPHONE _____

CURRENT STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

Please provide previous addresses for the past seven (7) years:

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

If employment verification is requested, may we contact your current employer? ☐ **Yes** ☐ **No**

Graymark Security Group

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