

LETTER OF AUTHORIZATION

CONFIRMATION

I, _____, hereby authorize MedSpecialized, Inc. to verify, countercheck, gather and release any and all information that I have provided in questionnaires and employee forms necessary, related or reasonable material to my application for employment, actual employment, dealings outside of the company that necessitate verification and release of my information and post-employment, including but not limited to my identity, address, origin, marital status, age, race, and affiliations, health, education, personal data, government licenses, dealings with any government agencies, bank or other financial institution, or information about any judicial, quasi-judicial or administrative case or proceeding, filed for or against me and for this purpose, MedSpecialized, Inc. and/or their appointed Agent/Company may conduct inquiries as may be necessary at the company's discretion. I hereby release all persons from liability on account of such disclosure.

I further confirm that I have expressly consented to and authorized the collection, holding, processing and use of my personal information, of whatever nature and however extensive, in relation to my application for employment, actual employment, dealings outside of the company that necessitate verification and release of my information and post-employment recording/verification.

In witness whereof, I have affixed my signature below.

Signature over printed name

Date