



AUTHORISATION AND RELEASE FORM

Authorisation and Release

I, _____, authorize the release of the following information to Mintz Group, LLC and its affiliates, subsidiaries and agents (“MG”), only to the extent consistent with and permitted by applicable laws, in connection with a background check for prospective employment or board selection purposes:

- a. Information about my educational history, including my dates of enrollment and details about any degree(s) I have received
- b. Information regarding any professional licenses or certifications that I currently hold or have previously held
- c. Information regarding my current and past employment, including the dates of employment and my job titles

I understand that I may revoke this release at any time. I further acknowledge that I have separately been informed of my privacy and data protection rights pursuant to the EU General Data Protection Regulation (GDPR) and any other applicable laws.

Background Information

I am providing the following information to facilitate MG’s processing for the purposes described above:

Name: (First, Middle, Last)	Current Address:
Other Name(s) Used (such as maiden name):	Previous Address within Past 20 Years:
Name Written in Native Alphabet (if not Roman):	Next Most-Recent Address within Past 20 Years:
Nationality:	Date of Birth:
National Identification Number:	

Signature: _____

Date: _____