

**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT
OF A CONSUMER AND/OR INVESTIGATIVE REPORT**

I, the undersigned consumer, do hereby authorize School House of Wonder, by and through its independent contractor, MIND YOUR BUSINESS, INC. ("MYB"), to procure a consumer report and/or investigative consumer report on me.

These above mentioned reports may include, but are not limited to, employment and education verification; personal references; citations; a social security number verification; present and former addresses; criminal and civil history/record; worker compensation records; and any other public record; and any other information bearing on my credit standing, credit capacity, worthiness, character, general reputation, personal characteristics, trustworthiness and/or mode of living.

I understand that the investigative consumer report I have authorized above may include information obtained by interviews with my neighbors, friends and/or associates and/or others with whom I am acquainted or who may have knowledge concerning said information. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon written request to MYB that is made within a reasonable time after the date hereof.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to School House of Wonder, by and through MYB, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies, workers' compensation departments and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources, ***including alcohol and controlled substance information from previous employers.***

I hereby release School House of Wonder, MYB and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs, or others making such claim or demand on my behalf, for procuring, selling, providing, brokering, and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

PRINTED NAME:

First	Middle	Last	Maiden/Other
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SIGNATURE: _____

DATE: _____

COMPLETE RESIDENCE ADDRESS: _____

Street Number/P.O. Box	Street Name
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City	State	Zip Code	County
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SOCIAL SECURITY NUMBER: _____

DAYTIME TELEPHONE NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ STATE ISSUED: _____

DATE OF BIRTH*: _____ GENDER*: _____

Alternatively, you may elect to call MYB directly at (888) 758-3776 X9909 to leave your Date of Birth

*** This information is voluntary. However, without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.**

PLEASE LIST ALL ADDITIONAL RESIDENCES THAT YOU HAVE RESIDED IN THE PAST FIVE (5) YEARS:

Street Number/P.O. Box	Street Name	City	State	Zip Code	County
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Street Number/P.O. Box	Street Name	City	State	Zip Code	County
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Street Number/P.O. Box	Street Name	City	State	Zip Code	County
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- Minnesota employees – Please check here to have a copy of your Investigative Report mailed to you.
- California employees – Please check here to have a copy of your Investigative Report mailed to you.
- Oklahoma employees – Please check here to have a copy of your Investigative Report mailed to you.