

S.O.R.D. International, LLC
AUTHORIZATION TO RELEASE INFORMATION

I HEREBY GIVE PERMISSION TO ANY AUTHORIZED REPRESENTATIVE OF THE S.O.R.D. INTERNATIONAL, LLC BEARING THIS RELEASE, OR COPY THEREOF, TO OBTAIN FROM ANY AGENCY OF THE GOVERNMENT OF THE UNITED STATES, AND/OR ANY OTHER AGENCY, PERSON, FIRM OR CORPORATION HOLDING RECORDS CONCERNING ME THAT ARE CONSIDERED CONFIDENTIAL, ANY AND ALL INFORMATION REQUESTED THAT PERTAINS TO PERSONAL BACKGROUND AND CHARACTER, UPON REQUEST.

THIS FURTHER INCLUDES THE FURNISHING OF COPIES OF PERTINENT DOCUMENTS ABOUT MY BACKGROUND AS REQUIRED. THE SCOPE OF THIS INVESTIGATION SHALL BE LIMITED TO A NATIONWIDE CRIMINAL HISTORY BACKGROUND CHECK AND DRIVING HISTORY CHECK FOR THE SOLE PURPOSE OF DETERMINING ELIGIBILITY TO ATTEND S.O.R.D. INTERNATIONAL, LLC TRAINING EVENTS.

THIS RELEASE IS EXECUTED WITH FULL KNOWLEDGE AND UNDERSTANDING THAT THE INFORMATION PROVIDED IS FOR THE OFFICIAL USE OF S.O.R.D. INTERNATIONAL, LLC. I FURTHER UNDERSTAND THAT ANY INFORMATION WHICH MAY BE OBTAINED ABOUT ME FROM WHATEVER SOURCE WILL BE OBTAINED UPON AN ASSURANCE OF CONFIDENTIALITY BY S.O.R.D. INTERNATIONAL, LLC AND WILL FORM A PART OF THE COMPLETE BACKGROUND INVESTIGATION FILE, TO WHICH I WILL NOT HAVE ACCESS TO AT ANY TIME.

I HEREBY RELEASE YOU AS THE CUSTODIAN OF SUCH RECORDS AND AS A PRIVATE COMPANY, INCLUDING ALL OF YOUR OFFICERS, EMPLOYEES OR RELATED PERSONNEL, BOTH INDIVIDUALLY AND COLLECTIVELY, FROM ANY AND ALL LIABILITY FOR DAMAGES OF WHATEVER KIND WHICH MAY AT ANY TIME TO ME, MY HEIRS, FAMILY OR ASSOCIATES ARISING OUT OF COMPLIANCE WITH THIS AUTHORIZATION ANY REQUEST TO RELEASE INFORMATION, OR ANY ATTEMPT TO COMPLY WITH IT.

SIGNATURE: _____ PRINT NAME _____

DATE: _____

AFFIDAVIT

STATE OF _____ CITY OF _____

Subscribed and sworn to me this _____ day of _____, 20____ by _____

who personally known to me or produced the following identification: _____

Notary Public Seal of Office

Notary Public Signature: _____

Notary Public, Print Name: _____

CONFIDENTIAL