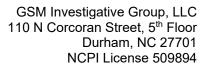


DUE DILIGENCE BACKGROUND AUTHORIZATION

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize **GSM Investigative Group**, **LLC**, and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for the following reasons: due diligence, fraud prevention, and transactions authorized by the client or potential client in the course of regular business as an investigative agency in compliance with Gramm-Leach-Bliley Act (GLBA) and Driver's Privacy Protection Act (DPPA).

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history (not a hard inquiry) and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.







I,, authorize the complete release of these records or dat
pertaining to me that an individual, company, firm, corporation or public agency may have. I here
authorize and request any present or former employer, school, police department, financial
institution or other persons having personal knowledge of me to furnish GSM Investigative Grou
LLC, or its designated agents with all information in their possession regarding me in connection
with my validity and eligibility as a client for private investigative or executive protection services.
am authorizing that a photocopy of this authorization be accepted with the same authority as the
original.
I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be
taken based upon the consumer report, a copy of the report and a summary of the consumer's
rights will be provided to me; or a copy of the report may be provided upon request regardless of
my acceptance or denial as a client.
Printed Name
Signature
Date