

I hereby consent to the release of any of the following information that may need to be obtained or verified in the course of my employment with **WECURO, INC**

- Personal records
- Employment records
- Medical record including, PPD testing, Rubella and Rubeolla titers and vaccinations, physical exams, chest x-rays, drug screening and other medical conditions that may impair my ability to function in my designated job.
- Criminal background check/ records/ finger printing.

I authorize WECURO, INC to contact any doctor, prior employers, etc; to obtain and examine this information and that is to be used for EMPLOYMENT RELATED PURPOSES ONLY.

WECURO, INC may obtain information directly from the providers by fax, e-mail, telephone, or e-mail.

A copy of this signed formed shall be deemed to be as valid as the original.

I hereby release WECURO, INC from all legal responsibility or liability that may arise from compliance with this consent and request contained herein.

I understand that any information obtained in the use of this authorization may be used to evaluate my suitability for employment and/or continued employment.

My signature confirms that I have read and understand all of the above.

Signature :

Date : _____