## Release \& Authorization

I hereby authorize, without reservation, Creative Services, Inc. of 64 Pratt Street, Mansfield, MA 02048-1927, (800) 536-0093 or (508) 339-5451 and its agents to conduct a full investigation into my background and activities within one hundred and twenty (120) days of the date of my signature and, if registered with the Cannabis Control Commission-Medical Use of Marijuana Program, throughout my registration period. I further authorize the Cannabis Control Commission-Medical Use of Marijuana Program and CSI to release a copy of my consumer report to the RMD with which I am affiliated. Therefore, I hereby authorize the release of any and all information pertaining to me, documentary or otherwise, as requested by any appropriate employee, agent or representative of Creative Services, Inc. I understand that during this background investigation process and in accordance with the Fair Credit Reporting Act, an "investigative consumer report" (consumer report) may be obtained concerning my character, general reputation, personal characteristics, and mode of living. The nature and scope of my investigation may include but is not limited to criminal, civil, business, professional license, sex offender, social media, and National Practitioner Data Bank. I release all courts, probation departments, selective service boards, banks, credit bureaus, financial and other institutions, law enforcement and local, state (including the Minnesota Bureau of Criminal Apprehension), and federal government agencies without exception, both foreign and domestic to furnish any and all background information (including, but not limited to, driving and/or motor vehicle records) requested by Creative Services, Inc. I understand that this information may be transmitted electronically and authorize such transmissions. I agree that a photocopy of this release shall be accepted with the same authority as the original. CSI's Privacy Policy can be found at http://www.creativeservices.com/htm// privacy_policy.html or obtained by request to the above address.

(Other Names)List all other NAMES (including maiden or married names) utilized during the previous 7 years and/or used when obtaining any degrees or certifications.


- Social security numbers, dates of birth, and drivers' license numbers are requested to ensure accurate retrieval of records. Please refer to page 2 for required notarization.


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## Authentication of Signature by Notary Public

On this $\qquad$ day of $\qquad$ 20 $\qquad$ before me, the undersigned notary public, personally appeared (name of document signer), proved to me through satisfactory evidence of identification, which were [insert type of ID presented] $\qquad$ , to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

