



CONSENT AND RELEASE from LIABILITY STATEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby consent to, authorize, and release ARGENT TECHNOLOGIES, LLC its affiliated companies and/or its agents (herein after referred to as "the Company" to procure and release information concerning my professional qualifications, competence, and character. Such information may be adverse or positive. It may be obtained from individuals, schools, hospitals, or other healthcare organizations or entities, state licensing boards or other government agencies, and a centralized databank which keeps track of adverse actions with which I am currently or have associated and all professional liability insurers with which I have had or currently have professional liability insurance.

I hereby release from liability anyone who provides or releases information to Argent Technologies, LLC regarding my professional qualifications, competence, and character so long as that information is provided in good faith and without malice.

I further release from liability all representatives of Argent Technologies, LLC and its employees for their acts performed in good faith without malice in connection with evaluation of my application, credentials, and qualifications.

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. This information is confidential and will not be used for any other purposes.

NAME: *First* _____ *Middle* _____ *Last* _____

ALTERNATE NAME(s): _____

DATE OF BIRTH: (DD/MM/YYYY) _____

SOCIAL SECURITY NUMBER: _____

CURRENT ADDRESS: Street _____

City _____ State _____ Zip _____

PLACE OF BIRTH: City _____ State _____

County _____ Country _____

SIGNATURE: _____ **DATE:** _____