

**Exhibit B  
Help, Inc.**

**Disclosure and Authorization for the Release of Information**

Help, Inc. (hereinafter, "THE EMPLOYER") will use Research Services, LLC, a consumer reporting agency (CRA) as an agent to perform its employment related background check. The agency will provide a written report of its findings to THE EMPLOYER. I understand my prospective employer intends to utilize the background check for employment purposes only, and shall not disclose such information to any other party.

Above named CRA, Research Services, LLC. may utilize various sources of information including but not limited to: credit reporting agencies, workers compensation records including any and all injuries in compliance with the Federal Americans with Disabilities Act, Department of Motor Vehicle driving records, criminal records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to THE EMPLOYER, and Research Services, LLC, a CRA.

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that they may contain information about my background, mode of living, character, work history, personal characteristics, professional standing and general reputation. **This authorization in original or copy form shall be valid from the date signed and remain in effect for the duration of employment.** According to the Fair Credit Reporting Act, I will be notified by THE EMPLOYER if employment is denied because of information obtained from a CRA. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to THE EMPLOYER. I further understand that when requesting a copy of the report, proper identification will be required and I may direct my request to Research Services, LLC 124 Simsbury Road Building One, Avon, CT., 06001. California residents will automatically receive a copy of the report within 7 days of delivery to the employer. I understand that residents of all other states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined above.

\*\*\*\*\*PLEASE FILL OUT THIS FORM COMPLETELY\*\*\*\*\*

Print Name Clearly: \_\_\_\_\_

List ALL other first & last names ever used:

\_\_\_\_\_

**(PRINT NAME CLEARLY, LAST YEAR USED FOR EACH NAME)**

Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expires \_\_\_\_\_

CURRENT Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long at address? \_\_\_\_\_

PREVIOUS Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long at address? \_\_\_\_\_

Last School/College Attended \_\_\_\_\_ State \_\_\_\_ Last Year Attended \_\_\_\_\_

Did you Graduate? \_\_\_\_\_ If you graduated, circle one GED \_\_ Diploma \_\_ Degree \_\_

Registered and/or Graduated under what name?  
\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For EMPLOYER Use Only:** Requested by \_\_\_\_\_ PH: \_\_\_\_\_ FX: \_\_\_\_\_

Criminal (Indicate States) \_\_\_\_\_ Federal Criminal \_\_\_\_\_ Driver History \_\_\_\_\_ Employment \_\_\_\_\_ (#)

Education \_\_\_\_\_ (#) Social Security \_\_\_\_\_ National Index \_\_\_\_\_ Sex Offender Registry \_\_\_\_\_ Credit \_\_\_\_\_

Phone: 860-678-0066

Fax: 860-678-1996 or 860-678-0099