

**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