

AUTHORIZATION FOR RELEASE OF INFORMATION

This authorization or photocopy hereof, will authorize you to furnish Validity Screening Solutions or its representative(s) all information, documents and/or records that you may have regarding my salary, employment records, credit union, finance or installment purchases, personal and business bank records, and any other past or present records or documents, or police reports to include personal or public records retained by any law enforcement agency relating to criminal arrests or convictions.

I understand that the information obtained will be used to determine my eligibility for membership at the Minneapolis Grain Exchange, Inc.

I hereby release Validity Screening Solutions or its representative(s) from any and all liability resulting from the inquiries into the above mentioned documents.

Name (please print)

Date of Birth

Signature

Social Security No.

Date