

**AUTHORIZATON FOR RELEASE OF INFORMATION FROM THE
MINNESOTA BUREAU OF CRIMINAL APPREHENSION**

Validity Screening Solutions
PO Box 860443
Shawnee, KS 66286

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history information to Validity Screening Solutions, or its representative(s) for the purpose of determining my eligibility for membership at the Minneapolis Grain Exchange, Inc.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

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