

AUTHORIZATION TO OBTAIN INFORMATION

I authorize Helping Other People's Enrichment, Inc. to perform a background investigation in connection with my application for employment or to become a Professional Parent. This investigation may include information as to my schools attended, police convictions, Division or Motor Vehicles records, personal references, professional references, previous employers, present employer or other appropriate sources.

I authorize the release of any information that Helping Other People's Enrichment, Inc. may request from the above sources.

I understand and agree that all information received by Helping Other People's Enrichment, Inc. in connection with this application and background investigation is confidential and shall not be disclosed to me.

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Applicant's Signature

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Date