DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for a trustee position with Hill County Electric, I authorize Company to request a consumer and/or investigative consumer report on me for trustee purposes from a background company. Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications: personal references and interviews; my driving history, including any traffic citations; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company and background check company, including, but not limited to, any and all courts, public agencies and law enforcement agencies. I authorize Company to share such information only with parties in interest who have a "need to know" such information to protect them and their employees. The background check company does not sell or otherwise provide any of the information found in its background investigations to any party other than the Company.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon my written request to background check company. I also understand that I may receive a written summary of my rights under 15 U.S.C. 1681 et. Seq. I agree that this authorization shall remain valid for the duration of my trustee position with Company. I certify that the information contained on this Authorization form is true and correct and that my trustee position may be terminated based on any false, omitted or fraudulent information.

Signature: ..... Date: .....

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name:_____First Name:_____Middle:_____

Other Names Used:_____Years Used:_____

Current Address:_____
Street/P.O. Box City State Zip Code County

Dates:_____

Former Address:_____
Street/P.O. Box City State Zip Code County

Dates:_____

Social Security Number: _____Daytime Phone Number:_____

Email Address:_____Driver's License Number:_____State of Issuance:_____

*Date of Birth:_____ *Gender_____

*Providing year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during a background search. Please note that nothing herein shall be construed as legal advice.