

**BACKGROUND CHECK  
AUTHORIZATION, ACKNOWLEDGMENT & RELEASE**

By my signature below, I certify the following:

1. The National Basketball Association and/or its affiliated entities, such as NBA Development League, LLC, and WNBA, LLC (collectively, "NBA") has advised me that the NBA or its agent (including, but not limited to, ChoicePoint WorkPlace Solutions Inc.) may obtain a consumer report and/or investigative consumer report about me in connection with my possible or continuing employment with the NBA.
  
2. I authorize the NBA or its agent to procure a consumer report and/or investigative consumer report for employment purposes at any time during my employment, or application for employment, with the NBA, and, in doing so, to obtain any transcripts, records, documents, or other information pertaining to my background, history, education, and/or prior employment.
  
3. I also authorize all persons, corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, and military services to release all such information and records about me or my background to the NBA or its agents, and to the maximum extent permitted by law, I hereby release all such parties, and the NBA and its officers, directors, employees and agents, from any and all liability with respect to the release of any such information and records about me and the procurement of any consumer report or investigative report.
  
4. This authorization is valid in original or copy form and shall remain on file and serve as a continuing authorization for the NBA to procure consumer reports and/or investigative consumer reports for employment purposes at any time during my employment by the NBA.
  
5. The information on the following page is true and correct.

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Full Name: \_\_\_\_\_  
(Typed or Printed)

Current Address: \_\_\_\_\_  
(Street No., Street, Apt., City, State, Zip Code)

Telephone No. \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's Lic. # and State \_\_\_\_\_

Please list the location(s) (by city, state, and zip code) where you have lived and/or worked the past 7 years:

From: \_\_\_\_\_ To: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**California, Minnesota and Oklahoma Residents ONLY:**

\_\_\_\_\_ Please check here to have a copy of your consumer report sent directly to you.