



## Disclosure Consent

By my signature below, AMN Services and/or LexisNexis (a 3<sup>rd</sup> party background investigation company) is authorized to obtain information from the Educational Institutions I have attended, my current employer and previous employers and to release information in support of my application (application, references, and employment verifications) to the Company's client institutions. The company may also share information regarding applicant's employment with its affiliates.

I make this release for the purpose of allowing AMN Services to assist in my efforts to work as a temporary provider for AMN Healthcare, Inc.

**DOB:** \_\_\_\_\_

**SSN: XXX-XX-**\_\_\_\_\_  
Last 4 numbers only

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PLEASE PRINT NAME CLEARLY**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**