

**AUTHORIZATION TO RELEASE**  
**EMPLOYEE MEDICAL INFORMATION TO NSR CLIENTS**

I acknowledge that I have been offered employment with Network Staffing Resources, Inc. (“NSR”). I recognize that NSR recruits and provides appropriately licensed and certified healthcare professionals to its healthcare provider clients. NSR places its employees with its healthcare clients on a temporary basis. The clients, including hospitals and skilled nursing facilities, routinely require that NSR provide certain personnel information, including, but not limited to, applications for employment, drug screen information, Mantoux test results and licensure and certification verifications, to the client before the employee is allowed to perform services on the client’s premises. By signing below I acknowledge that any information I provide to NSR as part of NSR’s employment and screening process may be released to clients before I perform services on that client’s premises. I understand that the execution of this authorization is a condition of my employment with NSR.

I acknowledge and approve the release by NSR of my employment and screening process information to clients served by NSR. I release NSR’s officers, agents, attorneys, employees, and assigns from any and all liability related in any way to the release of this information to NSR’s clients.

\_\_\_\_\_  
Employee signature

Date: \_\_\_\_\_