LIMITED AUTHORIZATION FOR RELEASE OF PRE-EMPLOYMENT FIT EVALUATION RESULTS

I, Jill Gryszkiewicz, hereby authorize the release of the outcome of my pre-employment fit evaluation to ESSG, CMG, CLI for employment-related purposes.

I understand that this authorization is intended to permit communication regarding whether I meet the applicable role requirements and/or pass or fail the job-related screening process.

I understand that the pre-employment fit evaluation is intended to assess whether I can safely perform the essential functions of the position, with or without reasonable accommodation, and that failure to meet the applicable job-related requirements may affect my eligibility for placement or employment in the position.

I further understand that any determination will be based on the requirements of the specific role and applicable safety considerations.

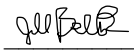
Unless otherwise required by law or directly necessary for a specific job function or accommodation process, I do not authorize the broad release of detailed medical information, diagnoses, medications, unrelated health history, test data, or underlying assessment details related to the evaluation.

I understand that any information disclosed pursuant to this authorization will be used solely in connection with the hiring and employment process and will be maintained confidentially to the extent permitted by law.

I understand that this authorization applies only to the specific client and position for which the evaluation is being conducted and may be revoked at any time to the extent permitted by law. Unless otherwise required for legal or regulatory purposes, this authorization will expire one (1) year from the date signed below.

By signing below, I acknowledge that I am voluntarily providing consent consistent with the limitations described above.

Employee/Applicant Name: Jill Gryszkiewicz

Signature: 

Date: 8/24/2026