

Authorization for Release of Information

I hereby give Westwind CDL Training Center, L.L.C. (the Company) the right to investigate all references and to secure additional information about me, if related to the admissions and enrollment process. I release from liability the Company and its representatives for seeking such information and all other persons, corporations, or organizations furnishing such information. A copy of this page serves as my authorization for release of this information. I agree to sign all documents and consent forms which the Company deems necessary to verify the facts provided in this application. I give me consent and release from liability the Company and its representatives, that will respond to any inquiries made about me as part of a reference check by any subsequent or potential employer.

From time to time the Company may find it necessary to conduct investigations. If it does, students are expected to truthfully participate in such investigations, including submission to searches of property. Failure to do so may subject students to disciplinary actions, which may include expulsion.

I realize as a condition of enrollment I will be required to undergo a post offer/pre-employment medical examination and substance abuse screening test at the expense of and prescribed by the Company, and that any offer of admission is conditioned upon the successful completion of these tests. I agree to furnish such additional information and undergo any other examinations or tests to complete the student file, or to continue my training with the Company, if admitted and enrolled. These tests may include, but are not limited to random, for cause, reasonable suspicion or post accident alcohol and substance abuse screening tests. Further, I release the Company, its agents or employees from any and all claims or actions arising out of such alcohol and substance abuse tests including, but not limited to, the testing procedures, the analysis or the disclosure of test results.

I understand and agree that any misrepresented, inaccurate, misleading, incomplete or omitted information provided by me in this application will be sufficient cause for cancellation of this application and/or separation from the Company's service if admitted and enrolled. Further, **I understand that just as I am free to discontinue the training program at any time, for any reason, with or without prior notice, the Company reserves the right to terminate my enrollment at any time, for any reason, with or without prior notice.** I understand that no representation of the Company has the authority to make verbal or written assurances to the contrary. This application represents the complete and final expression of the intent of the parties and may not be modified except by a writing duly executed by the undersigned and the President of the Company.

I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this or formal application. I further agree, in the event that I am offered admission by the Company, as a condition to that admission, all disputes that cannot be resolved by informal internal resolution which might arise out of my enrollment with the Company, whether during or after that enrollment, will be submitted to binding arbitration in lieu of any Federal or State instigative, administrative or legal proceeding. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This document contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

I have carefully read the above information, understand and accept the contents thereof. This certifies that this document was completed by me, and that all entries on it and the information provided in it are true and complete to the best of my knowledge.

Print Name _____

SSN: _____

Signature _____

Date: _____