

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any duly authorized representative of the State of Connecticut, Department of Banking (CDOB) bearing this release, or copy thereof to obtain any information in your files pertaining to any professional license awarded to me (including any grievance records), employment, military, educational records (including, but not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records), credit records, state and federal tax records and law enforcement records (including, but not limited to any record of charge, prosecution or conviction for criminal or civil offenses). I hereby direct you to release such information upon request of any duly authorized representative of the CDOB. This release is executed with full knowledge and understanding that the information is for the official use of the CDOB. Consent is granted for the CDOB to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, your employers, officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis. Should there be any question as to the validity of this release, you may contact me as indicated below.

I have read the above release and agree to the terms and conditions therein.

Social Security Number: _____ Date of Birth: _____

Parent or Guardian (if required): _____

Current Address _____

Telephone Number: () _____

CPA/Bar Membership(s): State _____ Registration Number _____

Full Name: _____ Date: _____

(Signature)

Full Name: _____

(Typed or printed, include maiden and any other previously-used name)

STATE OF
COUNTY OF

On this the ____ day of _____, 20____, before me, _____, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that ___ executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

(SEAL)

Title of Officer