



STATE OF CONNECTICUT
CONSUMER PROTECTION-GAMING DIVISION

450 Columbus Boulevard
Hartford, Connecticut 06106

RELEASE AUTHORIZATION
(Individual)

To all courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, including Credit Reporting Services and all Government Agencies – federal, state, and local, without exception, both foreign and domestic.

I have authorized Consumer Protection-Gaming Division to conduct a full investigation into my background and activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Consumer Protection-Gaming Division, and to provide copies of same as requested, provided that he or she certifies to you that I have an application pending before the Consumer Protection-Gaming Division, or that I am presently a licensee, registrant or person required to be qualified under the provisions of the applicable Connecticut General Statutes and/or Consumer Protection-Gaming Division regulations.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

(Legal signature of applicant)

(Name of applicant-please print)

Date of Birth

Address (Number and Street)

Social Security number

City, State, Zip

Email Address

Cell Phone

Work Phone

Subscribed and sworn to before me on this _____ day of _____ 20__.

NOTARY PUBLIC

Commission expiration date (seal)