

AUTHORIZATION TO RELEASE INFORMATION

1. I have filed with the California Department of Justice an "application" under Business & Professions Code section 19850 or 19984. I understand that I am seeking the granting of a privilege and acknowledge that the burden of proving my qualifications for a favorable determination is at all times on me, the applicant. Under the circumstances specified in Business and Professions Code section 19828, any communication or publication from, or concerning, an applicant, licensee, or registrant, in oral, written, or any other form, is absolutely privileged and so shall not form a basis for imposing liability for defamation or constitute a ground for recovery in any civil action.
2. I understand that by signing this authorization and permitting the release of the following records, I knowingly and voluntarily waive my rights to privacy in those records. Those records include my financial (including records from financial institutions, tax and credit agencies), employment, military, court, criminal, and other licensing records.
3. I also agree to release and hold harmless the State of California, the California Gambling Control Commission, the Department of Justice (including the Division of Gambling Control, and the Office of the Attorney General), and all of their employees and officers, and any individual or entity who discloses or receives any of the information authorized herein for disclosure, for any adverse public notice, embarrassment, criticism, or other action or financial loss, that I may incur as a result of any action taken, or information obtained or disclosed, in connection with the aforementioned application and supplemental form.
4. I hereby authorize and request all persons, entities, and government agencies to whom this Authorization is presented, having information contained in, relating to, or concerning any of the records enumerated in paragraph 2, above, to furnish such information to a representative of the Division of Gambling Control.
5. I hereby authorize and request all persons, entities, and government agencies to whom this request is presented, having documents contained in, relating to, or concerning any of the records enunciated in paragraph 2, above, to permit a representative of the Division of Gambling Control to review and copy any such documents.
6. I hereby authorize a reproduction of this request to be treated for all intents and purposes as valid as the original.

Executed at _____ on the _____ day of _____, 20____.
City, State

This release form shall be valid for 24 months from the date of execution.

 Applicant's Signature

 Print Name

Signature of Division of Gambling Control Representative presenting this request.		
_____ Signature	_____ Date	_____ Printed Name