

Maryland Lottery and Gaming Control Commission

**AUTHORIZATION FOR RELEASE OF INFORMATION**

TO: \_\_\_\_\_  
(To be completed by Commission)

FROM: \_\_\_\_\_  
(Printed Name of Applicant)

I am an applicant for a Video Lottery Terminal license in the State of Maryland.

The Maryland Lottery and Gaming Control Commission ("Commission") is required by law to conduct an investigation of an applicant for a Video Lottery Terminal license (Principal employee license; Gaming license; Non-Gaming license; Temporary Principal employee license; or a Temporary Gaming license). That investigation requires the Commission to collect and evaluate information about me. I irrevocably give consent to the Maryland Lottery and Gaming Control Commission and persons authorized by the Commission, to: (1) verify all information provided in the license application documents; (2) conduct a background investigation of me; and to have access to any and all information that I have provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as the information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me that the Commission requests: local, State or federal government unit; tribal authority; commercial or business enterprise, including a consumer reporting agency; non-profit entity; individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally effective as an original.

_____	_____
Signature of Individual Completing Form	Date
_____	_____
Printed Name	Title

**NOTARY PUBLIC**

The undersigned, a Notary Public in and for the County of \_\_\_\_\_, in the State of \_\_\_\_\_, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and to which witness my hand and seal.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Name

**Stamp or Seal**

My commission expires \_\_\_\_\_, 20\_\_\_\_