

AUTHORIZATION FOR RELEASE OF INFORMATION (INDIVIDUAL)

TO: _____
(Leave blank - to be filled in by the Commission)

FROM: _____
(Applicant Affiliate's Printed Name)

I, the above listed individual, am affiliated with an Applicant who is applying to the Maryland Lottery and Gaming Control Commission ("Commission") for a Non-Gaming and Non-Sports Wagering Vendor Certification. I am affiliated with the Applicant as a/an:

☐ Owner ☐ Partner ☐ Director ☐ Officer ☐ Supervisor/Manager/Employee ☐ Other _____

The Commission, and its employees, agents, and vendors, is required by law to conduct an investigation of an Applicant and the Applicant's officers, partners, directors, proprietors, owners, certain employees, and certain other individuals affiliated with the Applicant as deemed necessary.

That investigation requires the Commission to collect and evaluate information about me. By executing this Authorization for Release of Information, I authorize any: Local, State or Federal government unit; commercial or business enterprise, including a consumer reporting agency, a non-profit entity, an individual or any other public or private entity, to release to the Commission any and all information about me that the Commission requests. 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

Stamp or Seal

Printed Name

My commission expires _____, 20____