

**AUTHORIZATION FOR RELEASE OF INFORMATION****TO:** \_\_\_\_\_  
(To be completed by the Commission)**FROM:** \_\_\_\_\_  
(Printed Name of Applicant)

I am an applicant for a Non-Gaming / Non-Wagering Employee 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 Non-Gaming / Non-Wagering Employee License. That investigation requires the Commission to collect and evaluate information about me. By executing this Authorization for Release of Information, I irrevocably give consent to the Commission, and persons authorized by the Commission, to: (1) verify all information provided in the license application, in the application documents, and any information or documents I may subsequently submit as part of the application process; (2) conduct my background investigation; 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 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\_\_\_\_