



Authorization for Release of Information

**KEY EMPLOYEE
DEPARTMENT OF FINANCE & ADMINISTRATION
Arkansas Racing Commission
Electronic Games of Skill Section**

PERSONAL INFORMATION

Social Security Number/Federal Employer Identification Number:

IF INDIVIDUAL APPLICANT, PLEASE COMPLETE THE FOLLOWING SECTION

Last Name: First: Middle: Suffix:

Birth Date: (MM/DD/YY)

IF BUSINESS APPLICANT, PLEASE COMPLETE THE FOLLOWING SECTION

Representative's Name: Last: First: Middle: Suffix:

Applicant Name:

Official Capacity:

ATTEST STATEMENT

I, _____, do hereby instruct all law enforcement or criminal justice agencies to release all
(name of applicant/representative)

requested information to the bearer of this release form, who is an authorized representative of the State of Arkansas, Department of Finance and Administration, or the Arkansas State Police.

I further authorize any financial or public institution to release any and all information requested by the bearer of this release form with respect to myself or my business. Additionally, I do release such individuals or entities from any and all liability due to the release of information requested.

(if individual applicant - legal name and any nickname or alias in parentheses)

Applicant/Representative Signature: _____ Date: _____

NOTARIZATION

The foregoing application was sworn to and subscribed before me this _____ Day of _____, 20____

by _____, _____
Type or Print Name of Applicant Signature of Applicant

who is personally know to me or who has produced the following as identification.

Type of Identification

Signature of Notary Public or Arkansas Racing Commission Official (Witness)
Notary Seal
(Stamp and Expiration)