



**Authorization for Release of Information**  
**GENERAL 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)