



WASHINGTON STATE GAMBLING COMMISSION

Licensing Unit

P.O. Box 42400

Olympia, WA 98504-2400

AUTHORIZATION FOR RELEASE OF INFORMATION

The Washington State Gambling Commission (WSGC) requires individuals affiliated with gambling activities to undergo a financial investigation, see RCW 9.46.070. The investigation may require us to access records of the applicant's financial institutions. This form is required to be completed by the highest-ranking member of the organization. It authorizes us to obtain such records to determine the applicant's suitability for a gambling license.

I, _____
Highest-Ranking Member

of _____
Corporate Name, LLC Name, or Partnership Name (General, LP, LLP)

dba _____,
Trade Name

do hereby authorize a review, full disclosure and release of any and all records concerning myself, or any organization of which I am an owner, officer, or have signature authority on accounts, to any duly authorized officer, agent, or employee of the WSGC whether the records are of a public, private, or confidential nature with the following understandings:

1. WSGC may use the information reviewed, disclosed, or released to determine my suitability for gambling licensure or certification and for any other lawful purpose.
2. I release WSGC, its staff or representatives, and the providers and users of the information collected pursuant to this authorization, from liability under any state or federal privacy laws. I further release them from any liability that may be incurred as a result of the collection and use of the information.
3. If this authorization is not sufficient to obtain access to certain records, I understand that WSGC may request I execute or provide some other appropriate authorization or release, and that any failure to do so may be taken into consideration in determining my suitability for licensure.
4. I understand that I may revoke this authorization in writing at any time and WSGC may take any such revocation into consideration in determining my suitability for licensure.
5. A photocopy of this authorization will have the same force and effect as the original.
6. Electronic signature is acceptable.

In witness thereof, I have executed this release at:

City: _____ State: _____ On this day of: _____

Name of Authorized Representative

First: _____ Middle: _____ Last: _____

Title: _____

Legal Entity: _____

Terms of Acceptance and Signature

Signature of Authorized Representative