

MAINE GAMBLING CONTROL UNIT

Request To Release Information

MGCU - 7200

Printed Name: _____

NOTE: IF YOU ARE MARRIED, YOUR SPOUSE'S SIGNATURE IS REQUIRED BELOW.

To all courts, probation departments, employers, education institutions, banks, financial and other such institutions, and all government agencies – federal, state, and local; foreign and domestic; civilian and military.

I have authorized the Maine Gambling Control Unit, 3rd party contractor, their designees, their agents, or employees to conduct a complete investigation into my background and activities, using whatever legal means they deem appropriate.

Therefore you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by the Maine Gambling Control Unit, 3rd party contractor, their designees, their agents, or employees to be qualified under the provisions of 8 M.R.S.A. Chapter 33 as an officer, director, partner or shareholder with interest of 5% or more in the applicant or who are considered to have control of an applicant or licensee in the day to day management of the fantasy contests and/or operations.

I hereby release any and all entities from responsibility regarding the information they release to the Gambling Control Unit. I hereby authorize the Gambling Control Unit, 3rd party contractor, and its designees to transmit any information contained in the application, or information that may otherwise become available to them, to any agency, organization, or individual, who, in the judgement of the Director, has legitimate interest in such information.

I waive liability as to the State, 3rd party contractor, its designees, its instrumentalities, and agents for any damages resulting from any disclosure or publication in any manner other than a willful disclosure or publication of any material or information acquired during inquires, investigations or hearings.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

PRINTED FULL LEGAL NAME (FIRST, MIDDLE, LAST)	DOB
SIGNATURE	
SPOUSE'S PRINTED FULL LEGAL NAME (FIRST, MIDDLE, LAST)	DOB
SIGNATURE	

State of: _____) County of: _____)

Subscribed and sworn before me by: _____ this ____ day of _____, 20__

My commission expires: _____

Signature (Notary Public)