

MAINE GAMBLING CONTROL UNIT

MGCU 7200

Request To Release Information

Applicant's printed name: _____

To all courts, probation departments, employers, educational 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, their designees, the Maine State Police, 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, their designees, the Maine State Police, 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 is involved in the day to day management of the fantasy contests and 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 and their 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 judgment of the Unit, has a legitimate interest in such information.

I waive liability as to the State, its designees, its instrumentalities and agents for any damages resulting from any disclosure or publication in any manner other than a willful unlawful disclosure or publication of any material or information acquired during inquiries, 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.

LEGAL NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH
SIGNATURE	

State of _____) County of _____)

Subscribed and sworn to before me by _____ this _____ day of _____, 20 _____.

My commission expires: _____
Signature (Notary Public)