



RELEASE AUTHORIZATION

(Attachment B)

To all courts, probation departments, selective service boards, educational institutions, banks financial and other such institutions, and all governmental agencies, federal, state, and local without exemption, both foreign and domestic,

I, _____, _____
(Authorized Agent of Applicant) (Title)

on behalf of _____ (“Applicant”),
(Legal Name of Applicant)

authorize the Michigan Gaming Control Board, its employees and agents to conduct a background investigation of Applicant.

Therefore, I authorize and request that you release all information, materials and documents in your possession which have been requested by any employee or agent of the Michigan Gaming Control Board regarding Applicant provided that the employee or agent of the Michigan Gaming Control Board properly identifies himself or herself as an agent or employee of the Michigan Gaming Control Board.

This authorization supersedes and countermands any prior request or authorization to the contrary. A copy of this authorization will be considered as effective and valid as the original.

(Signature of Applicant’s Authorized Agent) (Title)

(Printed Name of Applicant’s Authorized Agent) (Date)

STATE OF _____ §

COUNTY OF _____ §

Sworn and subscribed to before me this _____ day of _____, 20 ____, to certify which witness my hand and official seal.

Notary Public Signature

Notary Printed name

My Commission Expires: _____