



MICHIGAN LOTTERY
 101 E. HILLSDALE, BOX 30023
 LANSING, MICHIGAN 48909
 (517) 335-5600
 www.michigan.gov

AUTHORIZATION TO RELEASE BACKGROUND INFORMATION (Officer)

It is critical that the integrity and security of the Michigan Lottery be maintained. Therefore, every officer of the bidding company must be willing to authorize the release of background information which includes criminal and civil offenses.

NAME (Printed) last, first, middle		DATE OF BIRTH
COMPLETE ADDRESS		
SOCIAL SECURITY NO. * (or non-U.S. equivalent)	DRIVERS LICENSE NO.	DRIVERS LICENSE STATE/ COUNTRY

*PROTECTED BY FEDERAL PRIVACY LAWS AND STATE CONFIDENTIALITY REQUIREMENT

I hereby authorize the Michigan Lottery to conduct a full background investigation into my personal and business activities. Therefore, I authorize the release of any and all information from all Courts, Government Agencies federal, state and local, without exception, both foreign and domestic.

I CERTIFY THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS TRUE AND COMPLETE. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION MAY RESULT IN REJECTION OF THE PROPOSAL OR IN TERMINATION OF A CONTRACT WITH THE MICHIGAN LOTTERY.

Dated: _____

 SIGNATURE

 PRINT NAME AND TITLE

Acknowledged before me in _____ County, State of _____ on this _____ day of _____ 20_____.

 _____, Notary Public

State of _____, County of _____

Acting in the County of _____

My commission expires: _____

COMPLETION: Voluntary.