



Retailer # _____

**AUTHORITY TO RELEASE FINANCIAL RECORDS AND
CREDIT, CHARACTER AND PERSONAL HISTORY
INFORMATION**

I authorize and direct any and all financial institutions to disclose all financial or other records, and to deliver true copies thereof, concerning or pertaining in any way to me or the undersigned company, to any law enforcement officer of the State of Oregon and to the Office of the Director, Oregon State Lottery. Disclosure is authorized for any civil, administrative, or criminal action which may be undertaken by the State of Oregon against me or any other person or business. I understand that, pursuant to ORS 192.560(2)(d), I may revoke this authorization at any time in writing. Any such revocation shall be sent to the Office of the Director, Oregon State Lottery, P.O. Box 12649, Salem, Oregon 97309.

I also authorize any law enforcement officer of the State of Oregon and the Oregon State Lottery to conduct a complete investigation of my background and record including personal history, academic record, job performance, criminal arrests and convictions, and other information which may concern my credit and character, whether the same is of record or not. I specifically authorize any law enforcement officer of the State of Oregon and the Oregon State Lottery to obtain, from one or more consumer credit reporting agencies, one or more consumer credit reports that report on credit status.

I hereby release any person from all claims, liabilities and expenses because of the furnishing of any information under this authorization. A true copy of the original of this authorization may be used as if the copy were itself the original.

The Oregon State Lottery and the Oregon State Police may use any information obtained through this authorization in consideration of my application for a contract with the Oregon Lottery, for approval as a Key Person by the Oregon Lottery, or in consideration of the application with which I am associated.

Location Name: _____
(DBA/ABN/Trade)

Key Person Signature: _____

Print Name: _____

Key Person Title: _____
(Sole Proprietor, President, Partner, Member,
Manager, Family Member, etc.)

Date Signed: _____