

Authority to Collect and Release Information

Full Name: _____

Alias: _____

Residence: _____

Street Address

City

State

Zip Code

Name of Company: _____

Business: _____

Street Address

City

State

Zip Code

Telephone Number: _____ Email Address: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State Issuing Drivers License: _____

I hereby consent to the release of the above information to the Oklahoma State Banking Department ("OSBD") and to the Oklahoma Bureau of Narcotics and Dangerous Drugs Control ("OBN"). I further consent to the release of the above information to any state and federal regulatory and law enforcement agencies ("Other Agencies") receiving the above information from the OSBD and OBN. I agree that the OSBD, OBN and Other Agencies may collect additional information and documents relating to me through credit, criminal, and other investigative reviews and reports, including, but not limited to:

Any local, state, federal, or international governmental records

Employment information

Past experience with a regulated entity

Credit information

Tax records (federal and other jurisdictions)

Police and criminal records

My consent and agreement indicated herein does not expire and will exist so long as any company for which I am an officer, director, manager, controlling shareholder, or person in control, is licensed by or under the jurisdiction of the Oklahoma State Banking Department.

Signature

Date

A \$50 fee must accompany each Authority to Collect and Release Information, payable to: Oklahoma Bureau of Narcotics and Dangerous Drugs Control. This document, along with the fee, must be submitted to:

**Oklahoma Bureau of Narcotics and Dangerous Drugs Control
419 N.E. 38th Terrace
Oklahoma City, OK 73105**