



SOBOBA TRIBAL GAMING COMMISSION

PO Box 610 * San Jacinto, CA 92581 *Phone (951) 665-1000 * Fax (951) 487-0042

RELEASE & DISCLOSURE OF INFORMATION AUTHORIZATION

SECTION A.

I, _____, HEREBY AUTHORIZE ANY TRIBAL, FEDERAL, OR STATE GAMING ENFORCEMENT AGENCY AND THEIR AUTHORIZED AGENTS, FOR THE PURPOSE OF DETERMINING MY SUITABILITY FOR ENGAGEMENT IN INDIAN GAMING ACTIVITIES, INCLUDING OPERATIONS AND REGULATIONS, TO OBTAIN ANY AND ALL INFORMATION AND RECORDS REQUESTED RELATED TO MY ACTIVITIES INCLUDING PAST, PRESENT, AND FUTURE CRIMINAL INVESTIGATIONS AND ENFORCEMENT MATTERS; ADMINISTRATIVE AND INTERNAL INVESTIGATIONS; REGULATORY AND DISCIPLINARY PROCEEDINGS; MEDICAL RECORDS AND CLAIMS; MILITARY ACTIVITIES AND RECORDS; EDUCATIONAL PURSUITS; FINANCIAL AND CREDIT HISTORY AND REAL AND PERSONAL PROPERTY INTERESTS. SOURCES OF SUCH RECORDS AND INFORMATION MAY INCLUDE, BUT ARE NOT LIMITED TO: EMPLOYERS, EDUCATIONAL INSTITUTIONS, CRIMINAL JUSTICE ENFORCEMENT, AND COURT RECORDS; INVESTIGATION AND REGULATORY AGENCIES; TAX RECORDS; FINANCIAL AND LENDING INSTITUTIONS; BUSINESSES; RESIDENTIAL MANAGEMENT AGENCIES; PROPERTY INTERESTS (REAL AND PERSONAL); MEDICAL FACILITIES; HEALTH CARE PROFESSIONALS; AND RELATIVES AND ACQUAINTANCES.

I AUTHORIZE CUSTODIANS OF SUCH RECORDS AND SOURCES OF INFORMATION TO RELEASE SUCH DOCUMENTS, REPORTS, RECORDS, CORRESPONDENCE, AND ANY OTHER RELATED INFORMATION PERTAINING TO MY ACTIVITIES, UPON REQUEST OF THE REPRESENTATIVE OF THE AGENCIES INDICATED ABOVE, REGARDLESS OF ANY PREVIOUS AGREEMENT TO THE CONTRARY.

SECTION B.

YOU MUST INITIAL HERE TO ACKNOWLEDGE YOUR CONSENT TO THE FOLLOWING LANGUAGE OF SECTION B.: _____

I, _____, HEREBY AUTHORIZE THE SOBOBA TRIBAL GAMING (STGC) COMMISSION TO OBTAIN AND RELEASE ANY AND ALL INFORMATION RELATING TO THE SUITABILITY OF MY ENGAGEMENT IN INDIAN GAMING ACTIVITIES, AS COMPLETELY DESCRIBED ABOVE, TO ITS AUTHORIZED AGENT(S) FOR THE PURPOSE OF DATA COLLECTION WITH A THIRD PARTY ENTITY THAT PROVIDES THE STGC BACKGROUND AND LICENSING SERVICES RELATED TO THE LICENSING OF PERSONS IN THE INDIAN GAMING INDUSTRY. ONCE COLLECTED, THIS INFORMATION IS AVAILABLE TO ANY TRIBAL, STATE OR FEDERAL GAMING ENFORCEMENT AGENCY THAT HAD DESIGNATED THIS ENTITY AS THEIR AGENT, FOR THE SOLE PURPOSE OF VERIFYING ELIGIBILITY FOR LICENSURE WITH THEIR RESPECTIVE INDIAN GAMING FACILITY.

SECTION C.

FOR MYSELF, MY HEIRS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS, I HEREBY RELEASE, REMISE, AND FOREVER DISCHARGE ANY PERSON OR ENTITY TO WHOM THIS REQUEST IS PRESENTED, AND THEIR AGENTS AND EMPLOYEES, FROM ANY AND ALL MANNER OF ACTIONS, CAUSES OF ACTION, SUITS, DEBTS, JUDGEMENTS, EXECUTIONS, CLAIMS, AND DEMANDS WHATSOEVER, KNOWN OR UNKNOWN, IN LAW OR EQUITY, WHICH I EVER HAD, NOW HAVE, MAY HAVE, OR MAY CLAIM TO HAVE AGAINST SUCH PERSON OR ENTITY OR THEIR AGENTS AND EMPLOYEES ARISING OUT OF OR BY REASON OF COMPLYING WITH THIS REQUEST.

I UNDERSTAND THAT THE INFORMATION AND RECORDS RELEASED BY RECORDS CUSTODIANS, AND OTHER SOURCES OF INFORMATION, AS DESCRIBED IN THE ABOVE SECTIONS, IS FOR THE PURPOSE OF CONDUCTING A BACKGROUND INVESTIGATION TO PROCESS MY LICENSE OR LICENSE RENEWAL APPLICATION RELATED TO EMPLOYMENT, MANAGEMENT, OR PROVIDING GOODS, SERVICES, OR FINANCING IN CONJUNCTION WITH GAMING ACTIVITIES, OPERATIONS, OR REGULATIONS.

COPIES OF THIS AUTHORIZATION THAT SHOW MY SIGNATURE ARE AS VALID AS THE ORIGINAL RELEASE SIGNED BY ME.





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RELEASE & DISCLOSURE OF INFORMATION AUTHORIZATION (CONTINUED)

I, _____, DO HEREBY CERTIFY THAT I HAVE READ THE FOREGOING, UNDERSTAND ITS CONTENTS, AND AUTHORIZE THE OBTAINING AND RELEASE OF SUCH RECORDS AND INFORMATION ABOUT MYSELF.

SIGNATURE

DATE SIGNED

FULL NAME (PRINTED)

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

COUNTY OF _____

ON _____ BEFORE ME, _____, Notary Public

PERSONALLY APPEARED _____

WHO PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHOSE NAME(S) IS/ARE SUBSCRIBED TO THE WITHIN INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE/SHE/THEY EXECUTED THE SAME IN HIS/HER/THEIR AUTHORIZED CAPACITY (IES), AND THAT BY HIS/HER/THEIR SIGNATURE(S) ON THE INSTRUMENT THE PERSON (S), OR THE ENTITY UPON BEHALF OF WHICH THE PERSON (S) ACTED, EXECUTED THE INSTRUMENT. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING PARAGRAPH IS TRUE AND CORRECT.

WITNESS MY HAND AND OFFICIAL SEAL.

SIGNATURE _____

