



# SOBOBA TRIBAL GAMING COMMISSION

*Licensing Division*

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

## RELEASE & DISCLOSURE OF INFORMATION AUTHORIZATION

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 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.

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, judgments, 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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22777 Soboba Road | San Jacinto, CA 92583





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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.*

State of California

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_, Notary Public,  
Name of Notary Public

personally appeared \_\_\_\_\_, who proved to me on  
Name of Signer

the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person 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 \_\_\_\_\_  
Signature of Notary Public

