

Authorization to Release Information

DGC-APP. 006 (Rev. 09/03)

AUTHORIZATION TO RELEASE INFORMATION

1. I have filed with the California Department of Justice an “application” under Business & Professions Code section 19850. I understand that I am seeking the granting of a privilege and acknowledge that the burden of proving my qualifications for a favorable determination is at all times on me, the applicant. Under the circumstances specified in Business and Professions Code section 19828, any communication or publication from, or concerning, an applicant, licensee, or registrant, in oral, written, or any other form, is absolutely privileged and so shall not form a basis for imposing liability for defamation or constitute a ground for recovery in any civil action.
2. I hereby authorize and request that all persons to whom this request is presented, having information of any nature whatsoever relating to or concerning me, to furnish such information to a representative of the California Department of Justice.
3. I hereby authorize and request all persons to whom this request is presented, having documents relating to or concerning me, to permit a representative of the California Department of Justice to review and copy any such documents.
4. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I hereby authorize and request that a representative of the California Department of Justice be permitted to review and obtain copies of any and all documents, records, or correspondence pertaining to me.
5. I hereby authorize a reproduction of this request to be treated for all intents and purposes as valid as the original.

This release form shall be valid until the earlier of the following events: 1) Twenty-four (24) months from the date of execution; or 2) Until the background investigation is concluded.

DECLARATION

I, _____, certify and declare under penalty of perjury under the laws of the State of California, that I am the person named on this Authorization to Release Information and that to the best of my knowledge, the information contained herein is true and correct.

(Printed Name)

(Title)

(Signature)

(Date)