

# Authority to Release Information

## I. Name

First Name	Middle Name	Last Name
Alias		

## II. Address

Residential Street Address		
City	State	Zip Code
Business Street Address		
City	State	Zip Code
Phone Number	Fax Number	

## III. Identifying Information

Social Security Number	Drivers License Number	State of Issuance
Date of Birth	Citizenship	
DPS Number*	FBI Number*	

\*If DPS and/or FBI numbers are not known, please give the following physical description:

Race	Sex	Age	Height	Weight	Hair Color	Eye Color
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This release constitutes my consent and authority for the Texas Department of Banking to examine and obtain copies of records, statements, credit ratings, and information regarding my background. I hereby specifically authorize the release of records to the Texas Department of Banking pertaining to the following:

Any local, state, federal, or international governmental records; Employment Information; Past experience with a regulated entity; Credit Information; Tax records, Federal, or other jurisdictions; Police and Criminal Records.

This authorization is given in connection with my application filed with the Texas Department of Banking.

Signature	Date
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