

**Authorization to Release Information**

CGCC-CH2-13 (New 05/20)  
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BUREAU USE ONLY
BGC ID# _____



**MAIL COMPLETED FORM TO:**  
 BUREAU OF GAMBLING CONTROL  
 P.O. Box 168024  
 Sacramento, CA 95816-8024  
 (916) 830-1700

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU COMPLETE THIS FORM**

1. I have applied for a license, registration, permit, or other approval under the California Gambling Control Act (Act), California Business and Professions Code section 19800 et seq. I understand that under the Act, the Department of Justice, Bureau of Gambling Control (Bureau) is responsible for investigating applicants for licenses, registrations, permits and approvals and reporting its findings to the California Gambling Control Commission (Commission), which acts on these applications. 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 will not form a basis for imposing liability for defamation or constitute a ground for recovery in any civil action."
2. I understand that by signing this authorization I am permitting the release of all records pertaining to me, including but not limited to financial (e.g., records from financial institutions, tax and credit agencies), employment, military, court, criminal, and other licensing records. Records from financial institutions include bank statements and account information such as number of accounts and account balances. Records from tax agencies include, for example, copies of federal tax returns.
3. I hereby authorize and request all persons, entities, and government agencies to which this Authorization is presented, having information contained in, relating to, or concerning any of the records enumerated in paragraph 2, above, to furnish such information to a representative of the Bureau.
4. I hereby authorize and request all persons, entities, and government agencies to which this Authorization is presented, having documents contained in, relating to, or concerning any of the records enumerated in paragraph 2, above, to permit a representative of the Bureau to review any copy of such documents.
5. I hereby authorize a reproduction of this request to be treated as valid for all intents and purposes as the original.

Executed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 City, State

This release form will be valid for 24 months from the date of the execution.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

Signature of Bureau Representative presenting this request.		
_____ Signature	_____ Date	_____ Printed Name