

Authority to Collect and Release Information

Full Name: _____

Alias: _____

Residence: _____
Street Address City State Zip Code

Name of Company: _____

Business: _____
Street Address City State Zip Code

Telephone Number: _____ Email Address: _____

Social Security Number: _____ Date of Birth: _____

Drivers License Number: _____ State Issuing Drivers License: _____

I hereby consent to the release of the above information to the Oklahoma State Banking Department ("OSBD") and to the Oklahoma Bureau of Narcotics and Dangerous Drugs Control ("OBN"). I further consent to the release of the above information to any state and federal regulatory and law enforcement agencies receiving the above information from the OSBD and OBN ("Other Agencies"). I agree that the OSBD, OBN and such Other Agencies may collect additional information and documents relating to me through credit, criminal, and other investigative reviews and reports, including, but not limited to:

Any local, state, federal, or international governmental records
Employment information
Past experience with a regulated entity
Credit information
Tax records (federal and other jurisdictions)
Police and criminal records

My consent and agreement indicated herein does not expire and will exist so long as any company for which I am an officer, director, manager, controlling shareholder, or person in control, is licensed by or under the jurisdiction of the Oklahoma State Banking Department.

Signature

Date