**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:

Driver’s License Number: State Issuing Driver’s 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*](http://www.ok.gov/banking)*,* [*OBN*](http://www.ok.gov/obndd) *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

**A $50 fee must accompany each Authority to Collect and Release Information, payable to: Oklahoma Bureau of Narcotics and Dangerous Drugs Control. This document, along with the fee, must be submitted to:**

**Oklahoma Bureau of Narcotics and Dangerous Drugs Control**

**419 N.E. 38th Terrace**

**Oklahoma City, OK 73105**