



DISTRICT OF COLUMBIA
Department of Insurance, Securities and Banking
Banking Bureau
810 First Street, NE, Suite #701
Washington, D.C. 20002

Telephone: (202) 727-8000 Fax: (202) 535-1197 Email: BankingBureau@DC.gov Internet: www.disb.dc.gov

**Authority for Release of Information (Individuals)
(Principals, Officers, Key Shareholders)**

Full Name of Applicant (Print or Type): _____

Social Security Number: _____ **Date of Birth:** ____ / ____ / ____

Driver's License #: _____ **State:** _____ **Expiration Date:** _____

Sex: _____ Male _____ Female

Street Address: _____

City/State/Zip: _____

Telephone Number: _____

This release constitutes my consent and authority for the District of Columbia Department of Insurance, Securities and Banking to obtain and examine copies of records, statements, credit ratings and information regarding my background.

I hereby authorize the release of records to the District of Columbia Department of Insurance, Securities and Banking pertaining to the following:

- **Employment Information**
- **Credit Information**
- **Police and Criminal Records**

This authorization is given in connection with my application for a Non-Depository license in the District of Columbia.

Signature: _____ **Date:** ____ / ____ / ____

THIS FORM MAY BE DUPLICATED AS NEEDED



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Authority for Release of Information (Entity)

Name of Applicant: _____

Federal Tax Id#: _____

D/B/A: _____

Street Address: _____

City/State/Zip: _____

Telephone Number: _____

This release constitutes my consent and authority for the District of Columbia Department of Insurance, Securities and Banking to obtain and examine copies of records, statements, credit ratings and other information regarding the financial affairs of the above named firm in connection with a Non-Depository license application. The information may be obtained from the following:

Financial Institution:

Type of Account (list account numbers):

Name _____ Clearing Account _____

Address _____ Checking Account _____

City/State/Zip _____ Savings Account _____

Contact Person _____ Certificate of Deposit _____

Phone/Extension _____ Business Account _____

Fax Number _____ Other _____

Signature: _____ **Date:** ____ / ____ / ____

Title: _____

Subscribed and sworn to before me this ____ day of _____, 20____.

(SEAL) _____
Notary Public

THIS FORM MAY BE DUPLICATED AS NEEDED