

Rhode Island Department of Business Regulation Division of Gaming and Athletics 1511 Pontiac Ave., Bldg. 69-1 Cranston, RI 02920

RELEASE AUTHORIZATION FOR EXTRA-UNITED STATES' CRIMINAL HISTORY RESULTS

To All Extra-United States' Governmental Agencies, without exception.

I,_

(PRINT NAME)

hereby authorize for release my extra-United States criminal history background information, including but not limited to those certifications or other similar documents issued or maintained by a regional or police authority, confirming the existence or absence of my criminal record, and the contents of that criminal record if one exists, from the country wherein I reside ("Criminal History Background"). The aforementioned Criminal History Background is being requested by an employee or agent of the Rhode Island Department of Business Regulation ("Department") through its Division of Gaming and Athletics Licensing ("Division"), provided that he/she/they verify to you that I have an application for licensure pending before the Division or that I am presently a licensee, registrant or a person otherwise required to be qualified, licensed or registered by the Department under the provisions of Rhode Island General Laws § 41-4-1, *et seq*.

Any Criminal History Background information released to or received by the Division as a result of this Release Authorization for Extra-United States' Criminal History Results ("Release") will be used solely for the purpose of my background investigation by the Division and the Division will not give, sell, transfer, or otherwise relay the Criminal History Background information to any non-Departmental personnel without first obtaining my written consent, which states the need for the proposed extra-Departmental transmission of the Criminal History Background information.

This Release shall supersede and countermand any prior request or authorization to the contrary.

Date

Applicant's Legal Signature

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Subscribed and sworn to (or affirmed) before me on this _____ day of _____,20___, by _____

who proved to me through satisfactory evidence of identification to be the person who appeared before me.

Printed Name of Notary Public/Authorizing Official Expiration Date of Authority

Signature of Notary Public/Authorizing Official State/Region/Country