



Mashantucket Pequot
Tribal Nation

MASHANTUCKET EMPLOYMENT RIGHTS OFFICE

Authorization for Release of Information for Application for Certification of a Tribal Member-Owned Business

For Certification by the MERO as a MPTN Member-Owned Business

AUTHORIZATION FOR RELEASE OF INFORMATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and other such institutions, and all governmental Agencies-federal, state and local, without exception, both foreign and domestic.

I have authorized the Mashantucket Pequot Tribal Nation (MPTN) to conduct a full investigation into my background and activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Mashantucket Pequot Tribal Nation, provided that they certify to you that I submitted an application to the Mashantucket Employment Rights Office requesting that a business that I own, in whole or in part, be certified as a Tribal Member-Owned Business.

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

A photo static copy of this authorization will be considered as effective and valid as the original.

By my signature below, I hereby authorize MPTN to obtain consumer reports, including investigative consumer reports, about me and my business for which I am seeking a Tribal Member-Owned Business Certification.

Legal Signature of Individual Authorizing Release of Information:	Title:
Legal Name of Business (type or print):	Date:

Notice to individual authorizing release of information: The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose. Print neatly or type information.

Full Name:	
Other Names Used:	Dates Other Names Used:
Current Address (Street, City, State, Zip Code):	
Date of Birth (MM/DD/YYYY):	Social Security Number:
Current Driver's License No:	Issuing State:
Other Driver's License No:	Issuing State: