

**Vermont Department of Banking, Insurance, Securities &
Health Care Administration**
AUTHORITY TO RELEASE INFORMATION
Please print or type all information.

Full Name *	
Alias:	
Residence:	
Street Address	City
State	Zip Code
Telephone Number	Facsimile Number
Social Security Number	Drivers License Number/State
Date of Birth	Citizenship
<p>This release constitutes my consent and authority for the Vermont Department of Banking, Insurance, Securities and Health Care Administration to examine and obtain copies of records, statements, credit ratings and information regarding my background.</p> <p>I hereby authorize the release of records to the Vermont Department of Banking, Insurance, Securities and Health Care Administration pertaining to the following</p> <p style="text-align: center;">Any local, state, federal, or international governmental records Employment Information Past Experience with a regulatory entity Credit Information Tax Records Police and Criminal Records</p>	

This authorization is given in connection with _____'s
(Applicant)
application to become a Vermont licensed lender, mortgage broker and/or sales finance company, filed with the Vermont Department of Banking, Insurance, Securities and Health Care Administration.

Signature Date

* Each person listed in the responses to Questions 15, and 32A(g) or 32B(d) of the Application must submit this release.