RELEASE AUTHORIZATION

State of Ohio • Ohio Lottery Commission
615 West Superior Avenue • Cleveland, Ohio 44113-1879

LOTTERY USE ONLY
LICENSE NUMBER

LAST NAME	FIRST NAME	MI

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks Financial and Other Institutions, and All Governmental Agencies – federal, state and local, without exception, both foreign and domestic.

I have authorized the Ohio Lottery Commission/Ohio Racing Commission 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 Ohio Lottery Commission/Ohio Racing Commission.

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

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

Signature of Witness:

Racetrack Human Resources Representative (PRINT NAME)	Job Title
Racetrack Human Resources Representative (Signature)	Date

Applicant Signature	Date