

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the Arkansas Auctioneers Licensing Board bearing this release to obtain any information in your files pertaining to my records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized representative of the Arkansas Auctioneers Licensing Board, whether said records are of public, private or confidential nature.

The intent of the authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Arkansas Auctioneers Licensing Board to consider in determining my suitability for obtaining a license with that agency. It is my specific intent to provide access to information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, by background and reputation, my financial status, my criminal history record, including any arrest records and information contained in investigative files, either criminal or civil, in which I presently have or have had an interest, including any files which are deemed to be confidential and/or sealed.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records and I waive those rights with the understanding that information furnished will be used by the Arkansas Auctioneers Licensing Board in conjunction with my application for license or renewal application for license.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to release you and your representative from liability or damages that may result from furnishing the information requested.

Signature

SWORN AND SUBSCRIBED BEFORE ME

Printed Name

Street Address

NOTARY PUBLIC, this _____

City, State, Zip Code

day of _____, _____

Telephone Number

My Commission expires _____

Social Security Number Date of Birth