

AUTHORITY FOR RELEASE OF INFORMATION

This release constitutes my consent and authority for the Credit Union Department to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

I hereby authorize the release of the following data of records to the Credit Union Department: (check all that apply)

- Employment information
- Educational information
- Driving and Criminal records

This information is given in connection with my application for a new credit union charter with the Credit Union Department.

Name _____

Address _____

City/State _____

Social Security # _____

Texas Drivers License # _____

Date of Birth _____

Signed _____ Date _____