

**Pueblo of Pojoaque Gaming Commission**

2 Petroglyph Circle  
Santa Fe, NM 87506

**AUTHORIZATION FOR RELEASE OF INFORMATION**

This release of information constitutes my consent and authorization to the agencies or representatives identified to furnish **PUEBLO OF POJOAQUE GAMING COMMISSION** and **MAXIMUM REPORTS, INC.**, and/or its representative's permission and authority to conduct a background check in order to determine my suitability for employment with **PUEBLO OF POJOAQUE GAMING COMMISSION**. I understand and consent to an investigation that is limited to criminal and civil record history information, motor vehicle driving history, human services inquiry for domestic violence, child abuse and neglect information, employment verification, educational verification, professional licensing, personal and professional references and credit reports whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

I authorize the custodians of such records and sources of information to release the information, including permitting the review and copying of all documents, records or correspondence pertaining to me, to the representatives of **PUEBLO OF POJOAQUE GAMING COMMISSION** and **MAXIMUM REPORTS, INC.**, regardless of any previous agreement to the contrary.

I agree to accept all risks of adverse public notice, embarrassment, criticism or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in this document.

I agree to indemnify and hold harmless any person to whom this is lawfully presented and his agent and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out or by reason of complying with this request.

\_\_\_\_\_  
**APPLICANT'S FULL NAME (PLEASE PRINT)**

\_\_\_\_\_  
**TRIBAL AFFILIATION**

\_\_\_\_\_  
**MAIDEN NAME/AKA**

\_\_\_\_\_  
**SOCIAL SECURITY NUMBER**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**DATE OF BIRTH**

\_\_\_\_\_  
**CITY, STATE, ZIP CODE**

\_\_\_\_\_  
**DRIVER'S LICENSE NUMBER STATE**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**