**Authorization for Release of Personal/Financial Records**

Personal, financial and tax information is confidential and cannot be shared with anyone without the individuals’ permission. By completing this form, you are authorizing the Liquor and Cannabis Board to share your confidential personal, financial or tax information with the person(s) you name below. This does not authorize parties to represent you by speaking on your behalf, nor is it a Power of Attorney. Please complete all parts of the form. Describe the specific information you would like to share and for what time period. This request may cover all confidential information or it may be limited to certain information and/or periods of time.

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|       |       |       |
| Effective Date  | Name of Authorizing business  | UBI or License number (if applicable) |

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| **Authorizing Licensee/Individual** |
|       | (     )      -      |       |
| Name | Phone | email |
|       |       |       |       |
| Street address | City | State | Zip |

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| **Person, company, or firm who can receive your confidential information**  |
|       | (     )      -      |       |
| Name | Phone | email |
|       |       |       |       |
| Street address | City | State | Zip |

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| Describe the records to be shared (be specific or state “All”)       |

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| For what time frame (list dates, or state “All”)       |

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| **Signature of person giving authorization** |

I declare that I am authorized to execute this form for the information and periods stated above. I am listed in official records held by, WSLCB. I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

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|       |       |
| Print Name | Title (if applicable) |
|       |       |
| Signature | Date |

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| Please print and sign this document, and then forward to PublicRecords@liq.wa.gov along with your Public Records request. If you have questions, please call 360-664-1769. |