

**DBPR 0100 – Request for Release of Information and Authorization to  
Release Information**

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION**  
[www.MyFlorida.com/dbpr](http://www.MyFlorida.com/dbpr)

<b>PERSONAL INFORMATION</b>					
Social Security Number/Federal Employer ID Number					
<b>IF INDIVIDUAL APPLICANT, PLEASE COMPLETE THE FOLLOWING SECTION</b>					
Last Name	First	Middle	Title	Suffix	
Birth Date (MM/DD/YYYY)					
<b>IF BUSINESS APPLICANT, PLEASE COMPLETE THE FOLLOWING SECTION</b>					
Representative's Name	Last	First	Middle	Title	Suffix
Permitholder Name					
Official Capacity					
<b>ATTEST STATEMENT</b>					
I, _____, do hereby instruct all law enforcement (name of applicant/representative) or criminal justice agencies, present and former employers or institutions with whom I or my businesses have a present or past business relationship, as well as all present or past social associates to release all requested information to the bearer of this release form, who is an authorized representative of the State of Florida, Department of Business and Professional Regulation.  I further authorize any individual, agency, corporation, or other entity to release any and all information requested by the bearer of this release form with respect to myself or my business. Additionally, I do release such individuals or entities from any and all liability due to the release of information requested.  _____ (if individual applicant - legal name and any nickname or alias in parentheses) Applicant/Representative Signature: _____ Date: _____					
<b>NOTARIZATION</b>					
The foregoing application was sworn to and subscribed before me this ____ Day of _____, 20 ____.					
by _____		_____			
Type or print name of applicant		Signature of applicant			
who is personally known to me or who has produced the following as identification.					
_____ Type of identification					
_____ Signature of person taking acknowledgement Notary Seal (Rubber Stamp and Expiration)					