



## PERSONAL DISCLOSURE FORM 2

STATE FORM 46781 (R7/05-24)  
INDIANA GAMING COMMISSION

This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure of this information is **REQUIRED**. The Indiana Gaming Commission will require the licensee to disclose additional information not covered by this Application. **Failure to provide information could result in disciplinary action or application denial.**

### INSTRUCTIONS

1. For Applicants who are employees of a local Indiana property and applying at a local Indiana property, follow submission instructions provided by the Human Resource department and Gaming Agents on property.
2. For all other Applicants, submit one (1) **electronic** version of this Application and all question responses on a CD or USB flash drive to the IGC office or via secure file share to [OCCLIC@IGC.IN.GOV](mailto:OCCLIC@IGC.IN.GOV).
  - (a) Send fingerprint cards and payment to the IGC office. Electronic methods of payment are available upon request.
  - (b) Application and all required documents should be submitted in a **single** portable document format (PDF) file in a minimum resolution of 200-300 dots per inch (DPI).
  - (c) **DO NOT SUBMIT DOCUMENTS IN HARD COPY FORMAT WITH THE EXCEPTION OF FINGERPRINT CARDS. The Application and exhibits should ONLY be submitted via file share, CD, or USB.**
3. If the Applicant requests confidentiality pursuant to the Access to Public Records Act, IC 5-14-3, then write or stamp "Confidential" on each applicable page, including exhibits, or include a cover letter with the Application requesting confidential treatment of the entire submission pursuant to the Act.
4. Pursuant to 68 IAC 2-3-4, your Social Security Number is required to process your Application. If your Social Security Number is not disclosed, the Commission may deny your Application.
5. Read each question completely before answering.
6. When a question does not apply to you, you must indicate by stating "Does not apply." If you have no answer to a certain question, you must indicate by stating "None." **FAILURE TO STATE "DOES NOT APPLY" OR "NONE" WILL BE INTERPRETED AS AN OMISSION AND MAY DELAY THE PROCESSING OF YOUR APPLICATION.**
7. Type or write legibly the answers to questions in black ink. If your Application is not legible, it will not be accepted.
8. **FOR UNITED STATES CITIZENS BORN IN THE UNITED STATES OR UNITED STATES TERRITORIES:** Attach a copy of your official United States birth certificate containing your date of birth, place of birth, and parents' names as question 2(b). The birth certificate must be issued by a county department or board of health from your state of birth, a state department or board of health from your state of birth, or a United States territory. If a birth certificate is not available, a copy of a letter from you to the appropriate government agency requesting a birth certificate will be acceptable for processing a temporary license. The letter must show both the name and address of the agency from which the birth certificate is requested. A permanent occupational license will not be issued until the Applicant provides a copy of the birth certificate or evidence indicating that the records have been destroyed or are no longer available.
9. **FOR FOREIGN BORN UNITED STATES CITIZENS:** Any of the following documents will be acceptable. If one of the following documents is not available, a copy of a letter from you to the appropriate government agency requesting the appropriate naturalization document will be acceptable. The letter must show both the name and address of the agency from which the document is requested. A permanent occupational license will not be issued until the Applicant provides a copy of the acceptable document or evidence indicating that the records have been destroyed or are no longer available.
  - (a) Certificate of Naturalization/Citizenship;
  - (b) Certification of Report of Birth (DS-1350);
  - (c) Consular Report of Birth (FS-240);
  - (d) Valid US Passport.

**INSTRUCTIONS**  
(continued)

10. **FOR NON-UNITED STATES CITIZENS WORKING IN THE US:** Any of the following documents will be acceptable:
- (a) United States Military/Merchant Marines identification card with photo;
  - (b) United States Veterans Universal Access and Identification Card with photo;
  - (c) Valid foreign passport with a photo and a current visa that includes a valid Form I-94 indicating the authorized duration of stay in the United States;
  - (d) Valid foreign passport with a photo and a current visa that includes a valid Form I-94 stamped with "Section 207" or "Section 208" status;
  - (e) Valid foreign passport with a photo and a current visa that states "Upon Endorsement Serves as Temporary I-551 evidencing Permanent Residence for 1 year";
    - (1) Canadian passports are not required to have a visa or I-94.
    - (2) Applicants from the Federated States of Micronesia, Palau, and the Republic of the Marshall Islands are not required to present a visa but must submit an I-94.
    - (3) Passports with I-94 indicating F-1/F-2 status must be submitted with a valid Form I-20.
    - (4) Passports with I-94 indicating J-1/J-2 status must be submitted with a valid Form DS-2019.
  - (f) Authorization for Parole of an Alien into the United States (I-512);
  - (g) Employment Authorization Card (I-668B or I-766);
  - (h) Permanent Resident Card (I-551);
  - (i) Temporary Resident Card (I-688);
  - (j) Travel Document (I-131).
11. **FOR NON-UNITED STATES CITIZENS NOT WORKING IN THE US:**
- (a) Attach a copy of your valid foreign passport with a photo; or
  - (b) Attach a copy of your foreign birth certificate.
12. You may be required to provide additional information or submit additional forms.
13. Please retain a copy of the completed Application and question responses for your records as they will not be released once received by the Commission.
14. Any required hard copy materials submitted to the Commission must be sent, with cover letter, to:
- Indiana Gaming Commission  
Attention: Investigations Division  
101 W. Washington Street East  
Tower, Suite 1600 Indianapolis, IN  
46204-3408
15. All Application and license fees must be paid by check made payable to the State of Indiana. Electronic payment options can be provided upon request. **DO NOT SEND CASH.** The balance of any additional costs of the investigation will be billed upon completion. The Applicant is ultimately responsible for the cost of this investigation.
- (a) All application and license fees are non-refundable and non-transferrable.
  - (b) More information on occupational licensing fees, including their amounts, can be found on the IGC website: <https://www.in.gov/igc/GamingEntityLicensing/>
16. If you have any questions about this Application or the occupational licensing process, contact the Investigations Division via email at [OCCLIC@IGC.IN.GOV](mailto:OCCLIC@IGC.IN.GOV) or via phone at (317) 233-0046.
17. All capitalized items are defined in IC 4-33-2, IC 4-35-2, IC 4-38-2, 68 IAC 1-1, and/or the definitions section of this document.
18. Applicants are advised that pursuant to IC 4-33-4-18 and IC 4-33-6-5, all fingerprints provided by Applicants will be forwarded to the Federal Bureau of Investigation for a complete national criminal history check. Applicants will have the opportunity to disprove the information contained in the criminal history return. Corrections or updates to the criminal history return may be pursued by the following procedures contained in Title 28, C.F.R. § 16.34.

**DEFINITIONS**

*Terms in this Application shall have meanings ascribed to them in IC 4-33, IC 4-35, IC 4-38 and/or 68 IAC 1-1. The following terms shall have the following meanings:*

**Applicant:** Any Individual or Business Entity who directly or indirectly has applied for a gaming license.

**Application:** The total written materials, including the instructions, forms and other documents issued by the Commission, comprising Applicant's request for a license.

**Best of My Knowledge:** Applicant's knowledge after substantial inquiry.

**DEFINITIONS**  
(continued)

**Business Entity:** Any of the following: partnership, incorporated or unincorporated association or group, firm, corporation, limited liability company, partnership for shares, trust, sole proprietorship, or any other form of business.

**Casino:** Any facility under the jurisdiction of the Commission pursuant to IC 4-33 or IC 4-35.

**Commission:** The Indiana Gaming Commission.

**Felony:** A criminal offense for which a sentence of imprisonment of more than one (1) year may be imposed under the laws of any jurisdiction.

**Game:** A banking, wagering, gambling, or percentage game or activity that is played for chips, tokens, or anything of value, including, without limitation, those played with cards; chips; tokens; dice; implements; or electronic, electrical, or electromechanical devices or machines.

**Gaming:** The dealing, operating, carrying on, conducting, maintaining, or exposing for play of any Game.

**Individual:** Any natural Person.

**Person:** An Individual, a sole proprietorship, a partnership, an association, a fiduciary, a corporation, a limited liability company, or any other Business Entity.

**PERSONAL DISCLOSURE FORM 2**

**IDENTIFYING INFORMATION**

LEGAL FIRST NAME	LEGAL MIDDLE NAME	LEGAL LAST NAME	MAIDEN NAME
US SOCIAL SECURITY NUMBER	GENDER	SEX	RACE/ETHNICITY
PLACE OF BIRTH: <u>CITY</u>	<u>STATE/PROVINCE</u>	<u>COUNTRY</u>	DATE OF BIRTH (MM/DD/YYYY)
WEIGHT (POUNDS)	HAIR COLOR	EYE COLOR	HEIGHT (FEET & INCHES)
HOME ADDRESS (NUMBER AND STREET)			
CITY	STATE/PROVINCE	COUNTRY	ZIP/POSTAL CODE
PHONE NUMBER		EMAIL ADDRESS	
BUSINESS ADDRESS (NUMBER AND STREET)			
CITY	STATE/PROVINCE	COUNTRY	ZIP/POSTAL CODE
ASSOCIATED GAMING ENTITY LICENSEE/EMPLOYER		POSITION TITLE	

**CITIZENSHIP**

If you are a citizen of the United States, initial here: \_\_\_\_\_

If you are citizen of the United States and have additional citizenship, state all additional countries of citizenship

If you are **not** a citizen of the United States, state your country(ies) of citizenship

**NATURALIZED UNITED STATES CITIZENSHIP**

If you are **not** a naturalized citizen of the United States, initial here: \_\_\_\_\_

PLACE OF NATURALIZATION	COURT GRANTING NATURALIZATION	DATE OF NATURALIZATION (MM/DD/YYYY)
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PETITION NUMBER	CERTIFICATE NUMBER
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**UNITED STATES ALIEN**

If you are **not** an alien of the United States, initial here: \_\_\_\_\_

If you are an US alien, state the "A" number from your Alien Registration Card

If you are an alien authorized to be employed in the US but do not have an Alien Registration Card, state the "A" number of that authorization

**PERSONAL**

1. State any and all names used, legal or otherwise, other than the name stated on page 4. Include married names, maiden names, and aliases specifying the dates of use for each name. Attach additional pages if necessary.

**If question 1 does not apply, initial here:** \_\_\_\_\_

START AND END DATES <small>(MM/DD/YYYY)-(MM/DD/YYYY)</small>	NAME USED

2. (a) Provide two (2) completed fingerprint cards (Standard Blue **FD-258** Cards) with your application.
- Blank fingerprint cards will be provided upon request.
  - If you are not employed at an Indiana casino, you must have your fingerprints taken at a law enforcement agency or other qualified vendor on Standard Blue **FD-258** Fingerprint Cards.
  - If you are employed at an Indiana Casino, see the Commission office to have your fingerprints scanned.
- (b) Provide a legible copy of your official United States birth certificate or approved alternate document. Approved alternate documents are outlined in instructions 8, 9, 10, and 11.
- (c) Provide a color photograph of yourself taken within the last six (6) months.

3. If you have lived and/or worked in Indiana, provide the following dates and information. Attach additional pages if necessary.

**If you have never lived and/or worked in Indiana, initial here:** \_\_\_\_\_

START AND END DATES <small>(MM/DD/YYYY)-(MM/DD/YYYY)</small>	CHECK BOX(ES) THAT APPLY FOR THE TIME PERIOD LISTED
	<input type="checkbox"/> WORKED <input type="checkbox"/> LIVED
	<input type="checkbox"/> WORKED <input type="checkbox"/> LIVED

**MILITARY**

4. If you have ever served in any branch of the United States Military, including reserve service or National Guard service, whether active or inactive, provide the following:

**If question 4 does not apply, initial here:** \_\_\_\_\_

<b>BRANCH OF SERVICE:</b>	
<b>DATE OF ENTRY</b> <small>(MM/DD/YYYY):</small>	
<b>DATE OF SEPARATION</b> <small>(MM/DD/YYYY):</small>	
<b>TYPE OF DISCHARGE:</b>	
<b>RANK AT SEPARATION:</b>	
<b>SERIAL NUMBER:</b>	

**(A) SUBMIT A COPY OF YOUR MILITARY RECORD (DD-214)**

5. If you were ever the subject of any judicial or non-judicial investigation, disciplinary proceeding (including summary actions, trials, courts-martial, or Article 15 proceedings), or arrested during the course of your military service, provide all details of the actions, charges, proceedings and their disposition or outcome. Attach additional pages if necessary.

**If question 5 does not apply, initial here:** \_\_\_\_\_

DATE(S) OF OCCURRENCE <small>(MM/DD/YYYY)</small>	AGENCY	DISPOSITION/OUTCOME	INVOLVEMENT IN SITUATION AND DETAILED DESCRIPTION

**WORK HISTORY**

6. List your current employment and work history, from age eighteen (18) to the present or the last ten (10) years, whichever is less. Include any unemployment over three (3) months. Attach additional pages if necessary. For each position, provide the following:

START AND END DATES OF EMPLOYMENT <i>(MM/DD/YYYY)-(MM/DD/YYYY)</i>	COMPANY NAME	POSITION	SUPERVISOR

**COMPANY ADDRESS:**  
*(STREET ADDRESS, CITY, STATE, COUNTRY, AND ZIP CODE)*

**DESCRIPTION OF DUTIES:**

**REASON YOU LEFT:**

**COMPANY PRODUCTS AND SERVICES:**

START AND END DATES OF EMPLOYMENT <i>(MM/DD/YYYY)-(MM/DD/YYYY)</i>	COMPANY NAME	POSITION	SUPERVISOR

**COMPANY ADDRESS:**  
*(STREET ADDRESS, CITY, STATE, COUNTRY, AND ZIP CODE)*

**DESCRIPTION OF DUTIES:**

**REASON YOU LEFT:**

**COMPANY PRODUCTS AND SERVICES:**

START AND END DATES OF EMPLOYMENT <i>(MM/DD/YYYY)-(MM/DD/YYYY)</i>	COMPANY NAME	POSITION	SUPERVISOR

**COMPANY ADDRESS:**  
*(STREET ADDRESS, CITY, STATE, COUNTRY, AND ZIP CODE)*

**DESCRIPTION OF DUTIES:**

**REASON YOU LEFT:**

**COMPANY PRODUCTS AND SERVICES:**

**CRIMINAL HISTORY**

**NOTE: FAILURE TO REPORT ANY ARREST, DETAINMENT, CHARGE, INDICTMENT, OR CONVICTION THAT HAS NOT BEEN EXPUNGED OR SEALED BY A COURT WHETHER A MISDEMEANOR OR A FELONY, IS CAUSE FOR DENIAL OF LICENSURE.**

7. If you have ever been arrested, detained, charged, indicted, convicted, received a pretrial diversion, pleaded guilty, pleaded nolo contendere, or forfeited bail concerning any criminal offense, either felony or misdemeanor, in any state or foreign country (except for arrests which have been sealed or convictions which have been expunged by a court, or traffic infractions), provide the following for each case. Traffic related misdemeanors or felonies that are not sealed or expunged by a court must be reported. Attach additional pages if necessary.

**If question 7 does not apply, initial here:** \_\_\_\_\_

NATURE OF CHARGE OR ARREST	DATE OF DISPOSITION (MM/DD/YYYY)	NAME AND ADDRESS OF GOVERNMENTAL AGENCY OR COURT INVOLVED	DISPOSITION (DISMISSED, CONVICTED, NOT GUILTY, ADDITIONAL DETAILS)	FELONY OR MISDEMEANOR

**FINANCIAL HISTORY**

8. If you have ever been adjudicated as bankrupt or filed a petition for any type of bankruptcy protections or insolvency, provide the following information. Attach additional pages if necessary.

**If question 8 does not apply, initial here:** \_\_\_\_\_

DATE OF BANKRUPTCY FILING (MM/DD/YYYY)	BANKRUPTCY DISPOSITION	BANKRUPTCY CASE NUMBER

9. If you currently have any outstanding federal, state, or foreign tax liabilities, provide the following for each occurrence. Attach additional pages if necessary.

**If question 9 does not apply, initial here:** \_\_\_\_\_

FEDERAL, STATE, OR FOREIGN COUNTRY	FILING YEAR	AMOUNT OWED	PAYMENT PLAN DESCRIPTION

**GAMING**

10. If you have ever held a gaming license in any jurisdiction, provide the following for each occurrence. Attach additional pages if necessary.

**If question 10 does not apply, initial here:** \_\_\_\_\_

DATES HELD (MM/DD/YYYY)	JURISDICTION	TYPE OF LICENSE	GAMING ENTITY/EMPLOYER

11. If you have ever had any disciplinary actions, restrictions, revocations, or non-renewals to which your license was subjected, provide the following for each occurrence. Attach additional pages if necessary.

**If question 11 does not apply, initial here:** \_\_\_\_\_

DATE(S) OF OCCURRENCE (MM/DD/YYYY)	JURISDICTION	INVOLVEMENT IN SITUATION OR TRANSACTION AND DETAILED DESCRIPTION

12. If you have ever withdrawn an application for a gaming license from any jurisdiction or had an application for a gaming license denied by any jurisdiction, provide the following for each occurrence. Attach additional pages if necessary.

**If question 12 does not apply, initial here:** \_\_\_\_\_

DATE WITHDRAWN OR DENIED (MM/DD/YYYY)	JURISDICTION	REASON FOR WITHDRAWAL OR DENIAL

13. If you are, or ever have been, included on Indiana's Statewide Exclusion List, or any similar exclusion or prohibited persons list related to gaming in any other jurisdiction, provide the following for each instance:

**If question 13 does not apply, initial here:** \_\_\_\_\_

EFFECTIVE DATE (MM/DD/YYYY)	AGENCY AND STATE OR JURISDICTION	REASON FOR PLACEMENT ON LIST	DATE EXCLUSION EXPIRES OR DATE REMOVED FROM LIST (MM/DD/YYYY)



**VERIFICATION**

STATE OF \_\_\_\_\_ SS:

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_ BEING FIRST DULY SWORN UPON OATH OR AFFIRMATION, DEPOSE AND STATE:  
*PRINTED NAME OF APPLICANT*

- (1) I AM THE INDIVIDUAL WHO IS SUBMITTING THIS APPLICATION.
- (2) I PERSONALLY SUPPLIED THE INFORMATION CONTAINED IN THIS APPLICATION.
- (3) I SWEAR (OR AFFIRM) THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, COMPLETE, AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
*SIGNATURE OF APPLICANT*

\_\_\_\_\_  
*DATE (MM/DD/YYYY)*

BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE, PERSONALLY APPEARED

\_\_\_\_\_  
*PRINTED NAME OF APPLICANT*

AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT AT THEIR VOLUNTARY ACT AND DEED.

**WITNESS**, MY HAND AND NOTARIAL SEAL, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ MONTH, \_\_\_\_\_ YEAR.

\_\_\_\_\_  
*SIGNATURE OF NOTARY PUBLIC*

\_\_\_\_\_  
*PRINTED NAME OF NOTARY PUBLIC*

\_\_\_\_\_  
*DATE COMMISSION EXPIRES (MM/DD/YYYY)*

\_\_\_\_\_  
*COUNTY OF RESIDENCE*

\_\_\_\_\_  
*PLACE NOTARY SEAL/STAMP ABOVE*

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

*PRINTED NAME OF APPLICANT*

1. I HEREBY AUTHORIZE AND REQUEST ALL PERSONS OR ENTITIES TO WHOM THIS REQUEST IS PRESENTED HAVING INFORMATION RELATING TO OR CONCERNING ME TO FURNISH SUCH INFORMATION TO A DULY APPOINTED AGENT OF THE INDIANA GAMING COMMISSION, WHETHER OR NOT SUCH INFORMATION WOULD OTHERWISE BE PROTECTED FROM DISCLOSURE BY ANY CONSTITUTION, STATUTORY OR OTHER LEGAL PRIVILEGE.
2. I HEREBY AUTHORIZE AND REQUEST ALL PERSONS OR ENTITIES TO WHOM THIS REQUEST IS PRESENTED HAVING DOCUMENTS RELATING TO OR CONCERNING ME TO PERMIT A DULY APPOINTED AGENT OF THE INDIANA GAMING COMMISSION TO REVIEW AND COPY ANY SUCH DOCUMENTS, WHETHER OR NOT SUCH DOCUMENTS WOULD OTHERWISE BE PROTECTED FROM DISCLOSURE BY ANY CONSTITUTIONAL, STATUTORY OR OTHER LEGAL PRIVILEGE.
3. IF THE PERSON OR ENTITY TO WHOM THIS REQUEST IS PRESENTED IS A BROKERAGE FIRM, BANK, SAVINGS AND LOAN, OR OTHER FINANCIAL INSTITUTION OR ANY OFFICER OF SAME, I HEREBY AUTHORIZE AND REQUEST THAT A DULY APPOINTED AGENT OF THE INDIANA GAMING COMMISSION BE PERMITTED TO REVIEW AND OBTAIN COPIES OF ANY AND ALL DOCUMENTS, RECORDS OR CORRESPONDENCE PERTAINING TO ME, INCLUDING BUT NOT LIMITED TO PAST LOAN INFORMATION, NOTES CO-SIGNED BY ME, CHECKING ACCOUNT RECORDS, SAVINGS DEPOSIT RECORDS, SAFE DEPOSIT BOX RECORDS, PASSBOOK RECORDS, AND GENERAL LEDGER FOLIO SHEETS.
4. I DO HEREBY MAKE, CONSTITUTE, AND APPOINT ANY DULY APPOINTED AGENT OF THE INDIANA GAMING COMMISSION MY TRUE AND LAWFUL AGENT FOR ME IN MY NAME, PLACE, STEAD, AND ON BEHALF AND FOR MY USE AND BENEFIT IN THE RETRIEVAL OF INFORMATION, WHETHER OR NOT SUCH INFORMATION IS CONSIDERED CONFIDENTIAL, BUT ONLY IN CONNECTION WITH THE LAWFUL BACKGROUND INVESTIGATION REQUIRED TO ASCERTAIN MY SUITABILITY FOR A GAMING LICENSE. I DO HEREBY AUTHORIZE SAID AGENT:
  - (a) TO REQUEST, REVIEW, COPY, SIGN FOR, OR OTHERWISE ACT ON MY BEHALF FOR INVESTIGATIVE PURPOSES WITH RESPECT TO DOCUMENTS AND INFORMATION IN THE POSSESSION OF THE PERSON OR ENTITY TO WHOM THIS REQUEST IS PRESENTED AS I MIGHT;
  - (b) TO NAME THE PERSON OR ENTITY TO WHOM THIS REQUEST IS PRESENTED AND INSERT THAT PERSON'S OR ENTITY'S NAME IN THE APPROPRIATE LOCATION ON THIS REQUEST;
  - (c) TO PLACE THE NAME OF THE INDIANA GAMING COMMISSION AGENT PRESENTING THIS REQUEST IN THE APPROPRIATE LOCATION ON THIS REQUEST.
5. I GRANT TO SAID AGENT FULL POWER AND AUTHORITY TO REQUEST, REVIEW, COPY, AND PERFORM ALL AND EVERY ACT AND THING WHATSOEVER REQUISITE, PROPER, OR NECESSARY TO BE DONE, IN THE EXERCISE OF ANY OF THE RIGHTS AND POWERS TO GATHER INFORMATION HEREIN GRANTED, AS FULLY AS TO ALL INTENTS AND PURPOSES AS I MIGHT OR COULD DO IF PERSONALLY PRESENT, WITH FULL POWER OF SUBSTITUTION OR REVOCATION, HEREBY RATIFYING AND CONFIRMING ALL THAT SAID AGENT, OR HIS SUBSTITUTE OR SUBSTITUTES, SHALL LAWFULLY DO OR CAUSE TO BE DONE BY VIRTUE OF THIS AUTHORIZATION AND RIGHTS AND POWERS HEREIN GRANTED.
6. THIS AUTHORIZATION ENDS THIRTY-SIX (36) MONTHS FROM THE DATE OF EXECUTION OR AT THE TERMINATION OF ALL LICENSES ISSUED TO APPLICANT/ME BY THE INDIANA GAMING COMMISSION, WHICHEVER OCCURS LATER.
7. I DO, FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS, HEREBY RELEASE, REMISE, AND FOREVER DISCHARGE THE PERSON OR ENTITY TO WHOM THIS REQUEST IS PRESENTED, AND HIS OR ITS AGENTS AND EMPLOYEES FROM ANY AND ALL MANNER OF ACTIONS, CAUSES OF ACTION, SUITS, DEBTS, JUDGMENTS, EXECUTIONS, CLAIMS, AND DEMANDS WHATSOEVER, KNOWN OR UNKNOWN, IN LAW OR EQUITY, WHICH I EVER HAD, NOW HAVE, MAY HAVE, OR CLAIM TO HAVE AGAINST THE PERSON OR ENTITY TO WHOM THIS REQUEST IS PRESENTED OR HIS OR ITS AGENTS OR EMPLOYEES ARISING OUT OF OR BY REASON OF COMPLYING WITH THIS REQUEST.
8. I AGREE TO INDEMNIFY AND HOLD HARMLESS THE PERSON OR ENTITY TO WHOM THIS REQUEST IS PRESENTED AND HIS OR ITS AGENTS AND EMPLOYEES FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES, AND EXPENSES, INCLUDING REASONABLE ATTORNEYS' FEES ARISING OUT OF OR BY REASON OF COMPLYING WITH THIS REQUEST.
9. A REPRODUCTION OF THIS REQUEST BY PHOTOCOPY SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL.

IN WITNESS WHEREOF, I HAVE EXECUTED THIS RELEASE AT \_\_\_\_\_ , \_\_\_\_\_  
CITY STATE

ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_ , \_\_\_\_\_  
DAY MONTH YEAR

\_\_\_\_\_  
SIGNATURE OF APPLICANT

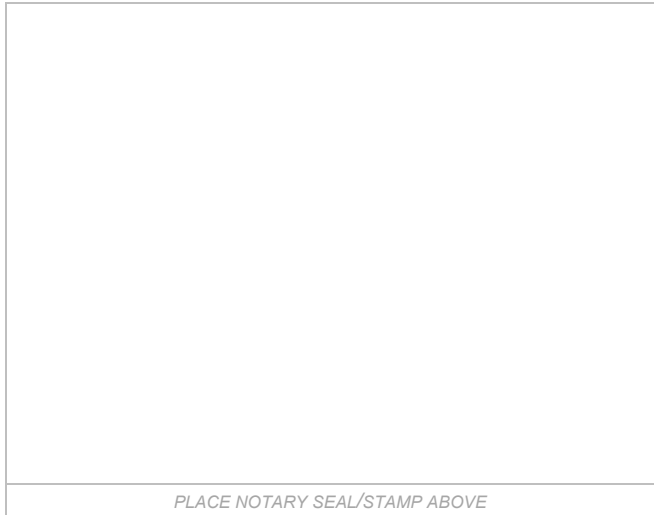
\_\_\_\_\_  
PRINTED NAME OF APPLICANT

BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE, PERSONALLY APPEARED

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT AT THEIR VOLUNTARY ACT AND DEED.

WITNESS, MY HAND AND NOTARIAL SEAL, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ , \_\_\_\_\_ .  
DAY MONTH YEAR



\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
PRINTED NAME OF NOTARY PUBLIC

\_\_\_\_\_  
DATE COMMISSION EXPIRES (MM/DD/YYYY)

\_\_\_\_\_  
COUNTY OF RESIDENCE

**RELEASE OF ALL CLAIMS**

THE UNDERSIGNED HAS FILED WITH THE INDIANA GAMING COMMISSION ("COMMISSION") CERTAIN FORMS AND DOCUMENTS IN CONNECTION WITH A WRITTEN REQUEST FOR LICENSING BY THE COMMISSION ("APPLICATION"). IN CONSIDERATION OF THE ASSURANCE BY THE COMMISSION A DETERMINATION OF SUITABILITY OF THE UNDERSIGNED WILL BE MADE FOLLOWING THE COMPLETION OF A DELIBERATE, INTENSIVE AND THOROUGH INVESTIGATION OF THE UNDERSIGNED, INCLUDING BUT NOT LIMITED TO BACKGROUND, ASSOCIATES, AND FINANCES, THE UNDERSIGNED DOES FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS, HEREBY RELEASE, REMISE, AND FOREVER DISCHARGE THE STATE OF INDIANA, THE COMMISSION, ITS MEMBERS, AGENTS, AND EMPLOYEES, FROM ANY AND ALL MANNER OF ACTIONS, CAUSES OF ACTION, SUITS, DEBTS, JUDGMENTS, EXECUTIONS, CLAIMS AND DEMANDS WHATSOEVER, KNOWN OR UNKNOWN, IN LAW OR EQUITY, WHICH THE UNDERSIGNED EVER HAD, NOW HAS, MAY HAVE, OR CLAIM TO HAVE AGAINST ANY OR ALL OF SAID ENTITIES OR INDIVIDUALS ARISING OUT OF OR BY REASON OF THE PROCESSING OR INVESTIGATION OF OR OTHER ACTION RELATING TO THE APPLICATION.

I, THE UNDERSIGNED, HAVE READ THIS RELEASE AND UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

**IN WITNESS WHEREOF**, I HAVE EXECUTED THIS RELEASE AT \_\_\_\_\_ , \_\_\_\_\_  
CITY STATE

ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_ , \_\_\_\_\_  
DAY MONTH YEAR

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE, PERSONALLY APPEARED

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT AT THEIR VOLUNTARY ACT AND DEED.

**WITNESS**, MY HAND AND NOTARIAL SEAL, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ , \_\_\_\_\_ .  
DAY MONTH YEAR



PLACE NOTARY SEAL/STAMP ABOVE

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
PRINTED NAME OF NOTARY PUBLIC

\_\_\_\_\_  
DATE COMMISSION EXPIRES (MM/DD/YYYY)

\_\_\_\_\_  
COUNTY OF RESIDENCE

## PAGE TO BE RETAINED BY APPLICANT

### Privacy Act Statement

*This privacy act statement is located on the back of the FD-258 fingerprint card.*

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your Application, supplemental authorities include federal statutes, state statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your Application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this Application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this Application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Updated 03/30/2018

### Agency Privacy Requirements for Noncriminal Justice Applicants

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an Applicant for a noncriminal justice purpose (such as employment or a license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the Applicant is provided certain notices and that the results of the check are handled in a manner that protects the Applicant's privacy. All notices must be provided in writing.<sup>1</sup> These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.), Section 552a, and Title 28, Code of Federal Regulations (CFR), Section 50.12, among other authorities.

- Officials must ensure that each Applicant receives an adequate written FBI Privacy Act Statement (dated 2013 or later) when the Applicant submits his/her fingerprints and associated personal information.<sup>2</sup>
- Officials must advise all Applicants in writing that procedures for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- Officials must provide the Applicant the opportunity to complete or challenge the accuracy of the information in the FBI criminal history record.
- Officials should not deny the employment, license, or other benefit based on information in the FBI criminal history record until the Applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
- Officials must use the FBI criminal history record for authorized purposes only and cannot retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

The FBI has no objection to officials providing a copy of the Applicant's FBI criminal history record to the Applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the Applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the Applicant's suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the Applicant the FBI Privacy Act Statement, the 28 CFR 50.12 notice, and the opportunity to correct his/her record. Such documentation will assist state and/or FBI auditors during periodic compliance reviews on use of FBI criminal history records for noncriminal justice purposes.

Updated 11/06/2019

<sup>1</sup> Written notification includes electronic notification but excludes oral notification.

<sup>2</sup> See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d), 50.12(b) and 906.2(d).

## PAGE TO BE RETAINED BY APPLICANT

### Noncriminal Justice Applicant's Privacy Rights

As an Applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an Application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.<sup>1</sup> These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.<sup>2</sup>
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

Updated 11/06/2019

<sup>1</sup> Written notification includes electronic notification but excludes oral notification.

<sup>2</sup> See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

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