



**The South Carolina  
State Board of Financial Institutions  
Consumer Finance Division**

1205 Pendleton Street, Suite 306  
Columbia, SC 29201  
Phone: (803) 734-2020  
consumerfinance.sc.gov

**Ronald R Bodvake  
Commissioner of  
Consumer Finance**

**AUTHORIZATION TO RELEASE INFORMATION**

As part of the Consumer Finance Division's licensing process, we ask applicants to upload a signed "Authorization To Release Information" form on all owners and/or control persons (officers if a corporation, managing members if an LLC) to NMLS.

The following information is furnished by the undersigned to the South Carolina State Board of Financial Institutions, Consumer Finance Division in conjunction with and is made part of the application for a license pursuant to the South Carolina Code of Laws. By my signature, I give my consent to the South Carolina State Board of Financial Institutions, Consumer Finance Division to conduct a financial and business responsibility background check, including but not limited to credit bureau reports, motor vehicle records, criminal records, records and/or reports from any law enforcement or government agency and other information as deemed necessary by the South Carolina State Board of Financial Institutions, Consumer Finance Division. I understand that information on my MU1 filing may be used to obtain the above referenced records. It is further understood and affirmed that any response to an inquiry made by the Commissioner of the Consumer Finance Division of the South Carolina State Board of Financial Institutions with respect to me is provided solely as a matter of courtesy and that any person, organization or governmental entity providing such response shall not be liable for the content or use of such information except in the event of gross or willful negligence.

1. Full Name and Title of Applicant (Individual, Partner or Corporate Officer)

\_\_\_\_\_  
(First) (Middle) (Last) (Title)

2. Last four of Social Security Number: \_\_\_\_\_

3. Current Residence Address:

Number & Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

County \_\_\_\_\_

4. Years at Residence: \_\_\_\_\_ / \_\_\_\_\_  
From To

5. Current Email: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_