

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

1205 Pendleton Street, Suite 306

Columbia, SC 29201

Phone: (803) 734-2020

www.consumerfinance.sc.gov

AUTHORIZATION TO RELEASE INFORMATION

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

In the age of information compromise, owners and/or control persons who have placed a "freeze" with the Equifax reporting agency must "thaw" the "freeze" for the Division to obtain a credit report. To "thaw" a report visit www.freeze.equifax.com for instructions. If the security freeze PIN was lost/misplaced go to the website for further instructions. Once the "thaw" is in place notification must be given to the Division. Notifications may be sent via email to cfid@bofi.sc.gov. Please reference the individual name and the applicant's name.

In the event owners and/or control persons have derogatory credit (i.e. collection items, charge offs, judgements, tax liens, etc.) further explanation will be required. Current proof of payoffs, payments or payment arrangements will be required. For a copy of the credit report please visit www.equifax.com.

STATE OF SOUTH CAROLINA
BOARD OF FINANCIAL INSTITUTIONS
Consumer Finance Division
1205 Pendleton St., Suite 306, Columbia, SC 29201
Phone (803) 734-2020 FAX: (803) 734-2025

AUTHORIZATION TO RELEASE INFORMATION

The following information is furnished by the undersigned to the SC State Board of Financial Institutions, Consumer Finance Division in conjunction with and is made a part of the application of

(Full Legal Name of the Applicant)

for a license pursuant to the South Carolina Code of Laws. By my signature, I give my consent to the SC State Board of Financial Institutions, Consumer Finance Division to conduct a financial and business responsibility background check, including but not limited to, the obtaining of 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 SC State Board of Financial Institutions, Consumer Finance Division. It is further understood and affirmed that any response to an inquiry made by the Commissioner of the Consumer Finance Division of the SC 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. Social Security Number: _____

3. Date of Birth: _____ Place of Birth: _____

4. Driver's License Number: _____ State: _____ Country of Citizenship: _____

5. Current Residence Address:
(Number & Street) _____
(City, State, Zip) _____ Year: ____/____
(County) _____ (from) (to)

6. Previous Residence Address:
(Number & Street) _____
(City, State, Zip) _____ Year: ____/____
(County) _____ (from) (to)

7. Current Email: _____

Signature of Applicant: _____ Date: _____

PLEASE DUPLICATE THIS FORM AS NEEDED