

JOHN W. OXENDINE
COMMISSIONER OF INSURANCE
SAFETY FIRE COMMISSIONER
INDUSTRIAL LOAN COMMISSIONER
COMPTROLLER GENERAL



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Form No: GID-EN-LS-3

OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

AUTHORITY FOR RELEASE OF INFORMATION

I, _____, presently reside at

And am affiliated with, or proposed to be affiliated with, _____
Which as applies for licensure or a permit to organize by the Office of Commissioner of Insurance.

I understand that the Office of Insurance will conduct an investigation of my background. In that regard, I hereby waive any right of confidentiality as it reasonably relates to this inquiry.

I hereby give my permission and waive any provisions of law that forbids any court, policy agency, employer, firm, or person, disclosing any knowledge or information they have concerning me which is requested by the Office of Commissioner of Insurance. I further consent and request that the supervisor of the Non-Traditional Section, Amanda Jamison Jolley, or her representative, be provided with the performance of their investigation.

I recognize the right of the Office of Commissioner of Insurance to treat, at its discretion, certain sources as confidential, and right to withhold from my agent or me the names of such confidential sources, and information obtained therefrom.

Applicant's Signature

Date

This document was executed and signed in the presence of the following witnesses:

1. _____

2. _____

State of _____

County of _____

Sworn to and subscribed before me this _____ day of _____, _____.

(NOTARY SEAL)

Notary Public

My Commission Expires _____

If you are an individual with a disability and wish to acquire this document in an alternative format, please contact the ADA Coordinator at the Office of Commissioner of Insurance, 2 Martin Luther King, Jr. Drive, Atlanta, Georgia 30334 (404) 656-2056 / (404) 656-4031