

# APPLICANT'S REQUEST TO RELEASE INFORMATION

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

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

Applicant's Name

1. I hereby authorize and request all persons to whom this request is presented having information relating to or concerning me to furnish such information to a duly appointed agent of the Hawaii MMA Program, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
2. I hereby authorize and request all persons to whom this request is presented having documents relating to or concerning me to permit a duly appointed agent of the Hawaii MMA Program to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
3. If the person 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 Hawaii MMA Program 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 sheets.
4. I do hereby make, constitute, and appoint any duly appointed agent of the Hawaii MMA Program my true and lawful attorney-in-fact for me in my name, place, stead, and on my behalf and for my use and benefit:
  - a. To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might; and
  - b. To name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request; and
  - c. To place the name of the Hawaii MMA Program agent presenting this request in the appropriate location on this request.
5. I grant to said attorney-in-fact full power and authority to do, take, 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 herein granted, and fully for 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 attorney-in-fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
6. This power of attorney ends eighteen (18) months from the date of execution.
7. I have filed with the Hawaii MMA Program an "application" as that term is defined in 440E, HRS. I understand that I am seeking the granting of a privilege and acknowledge that the burden of proving my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism, or other action of financial loss which may result from action with respect to this application.
8. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from 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 to whom this request is presented or his agents or employees arising out of or by reason of complying with his request.
9. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from the against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.

(CONTINUED ON PAGE 2)

Print Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

10. A reproduction of this request shall be for all intents and purposes as valid as the original.

IN WITNESS WHEREOF, I have executed this request at \_\_\_\_\_ ,  
City

\_\_\_\_\_ , on the \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_ .  
State

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me this
_____ day of _____ A.D. 20 _____.
Notary Signature: _____
Notary Public, State of: _____
My commission expires: _____
Print Name: _____

Doc. Date: _____ No. of Pages: _____
Notary Name: _____ Circuit Court: _____
Doc. Description _____
_____
Notary Signature: _____
Date _____