

**MARYLAND DEPARTMENT OF LABOR
OFFICE OF FINANCIAL REGULATION**

COMPLAINT AUTHORIZATION FORM

Name of Complainant: _____

Address of Complainant: _____

Date Complaint Filed: _____

I, the undersigned, hereby state that I am at least 18 years of age and that I authorize Mr./Ms. _____ (my “Representative”) to represent me in connection with the complaint that I filed with the Division of Financial Regulation (the “Division”) on the date noted above.

I expressly authorize my Representative to provide to the Division, and authorize the Division to provide to my Representative, documentation regarding my complaint which may include non-public financial information and other sensitive non-public personal information about me. I understand that this documentation may include such information as, by way of example but not limitation, my credit or deposit account numbers and my social security number.

I further expressly authorize my Representative to instruct the Division as to my wishes regarding the handling of my complaint and authorize the Division to accept the instructions of my Representative as if they were my own.

I understand and agree that this authorization will remain in full force and effect until such time as I revoke it by written notice received by the Division.

I hold the Division, its employees and agents harmless from any liability for complying with this authorization.

I HAVE READ THIS AUTHORIZATION IN FULL AND UNDERSTAND IT.

Signature

Date

Print Name