



RELEASE AUTHORIZATION

Please select **ONE** of the following options:

I am an Entity. _____ / _____
(Print Name of Entity) EIN

I am an Individual holding five percent (5%) or more ownership interest in the entity.

(Print Name of Individual) SSN

As the above-referenced individual or duly authorized representative of the entity, I hereby authorize the Virgin Islands Economic Development Authority ("USVIEDA") to conduct a full background investigation.

I hereby authorize USVIEDA or its designees to submit this Release Authorization ("Release") to all courts, probation offices, Selective Service Boards, employers, credit agencies, educational institutions, banks, financial and other institutions, and all governmental agencies or other entities -- federal, state and local, both foreign and domestic -- as may be required by USVIEDA to perform background investigations for the purpose of processing applications for tax incentives administered through the Virgin Islands Economic Development Authority.

This Release shall supersede and countermand any prior authorization(s) to the contrary and shall remain in effect until such time as withdrawn in writing.

_____	_____	_____
Signature	Print Name	Title
_____	_____	_____
Date of Birth	Place of Birth	Telephone Number
_____	_____	
Email Address	Current Physical Address (including City, State, Zip Code)	

ACKNOWLEDGMENT

STATE OF _____)
) SS:
COUNTY OR DISTRICT OF _____) _____

On this _____ day of _____, 20____, before me the undersigned officer, personally appeared _____, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument, and acknowledged that he/she is authorized to execute same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Notary Public
Commission Expires: