



RELEASE AUTHORIZATION

Please check **ONE** of these boxes:

☐ 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 ("VIDEA") to conduct a full background investigation.

I hereby authorize VIEDA 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 VIEDA to perform background investigations for the purpose of processing applications for tax incentives administered through the Virgin Islands Economic Development Commission.

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supersede and countermand any prior authorization(s) to the contrary and shall remain in effect until such time as withdrawn in writing.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

COUNTY OR DISTRICT OF _____) SS:

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:

A photocopy, electronic, or similar copy of this Release shall be considered as effective and valid as the original.

(Rev. 01/2026)