

Compliance Check Authorization and Consent Form

Business Name: _____

[Consent to Disclosure Pursuant to 30 Del. C. § 368 \(b\)](#)

I, the undersigned, being duly sworn upon my oath say:

I agree that any officers, employees, agents or attorneys of the Authority or the Division of Small Business may have access to and copy any and all information in any form pertaining to Applicant, including, but not limited to, tax returns and information from tax returns as used in 30 Del. C. §368, in the custody of any State of Delaware, or other State, department, agency, instrumentality, division, office, board, bureau, council, commission, committee, panel or "public body," as that term is defined in the Delaware Freedom of Information Act, 29 Del. C. § 10002(a), including, but not limited to, the Departments of Finance, State, Labor, and Natural Resources and Environmental Control of the State of Delaware, the United States Environmental Protection Agency, the United States Department of Labor, the National Labor Relations Board or any other agency of the federal government having custody of information deemed pertinent by DEDA or the Division of Small Business staff or attorneys in evaluating Applicants ability to qualify for participation in the Delaware Capital Access Program.

I hereby release, hold harmless, and indemnify the State of Delaware, its agencies, officers, and employees from any and all forms of liability relating to the statutory confidentiality associated with the aforementioned tax returns and information from tax returns to the extent that such alleged liability arises out of or is related to good faith reliance and acceptance of this Consent Form.

Sincerely,

Name of Business: _____

Signature of Authorized Representative: _____

Title of Authorized Representative: _____

Date of Signature: _____