

LENAPE ENTERTAINMENT, LLC

AUTHORIZATION FOR RELEASE OF INFORMATION FOR W2 - G

Name: _____ Date of Birth: _____

Address: _____ SSN: _____

City/State/Zip: _____ Phone: _____

Email Address: _____

I hereby authorize Lenape Entertainment, LLC to release my W2-G information to:

Name of Person, Entity, or Facility

Address

Phone

Fax

Email

Name of Casino or Casinos: *(check all that apply)*

Casino Oklahoma, Hinton Oklahoma

Gold River Casino, Anadarko Oklahoma

Method of return: Fax Email Standard Mail

Year of W2-G being requested: _____

I understand that the information I have authorized the release of is confidential in nature. The Lenape Entertainment, LLC shall not be responsible for the restriction of access to the confidential information once it has been submitted to the person or entity authorized on this form. Any disputes arising out of the release of this information shall be governed by the laws of the Delaware Nation and I affirmatively consent to the jurisdiction of the Delaware Nation's courts.

Signature

Date

Return this signed form with a copy of your Social Security card and a valid state issued picture ID to :

Lenape Entertainment, LLC

Attn: Audit Department

P.O Box 487

Anadarko, OK 73005

Or you may fax it to: (405)-247-6716