LENAPE ENTERTAINMENT, LLC

AUTHORIZATION FOR RELI	EASE OF INFOR	RMATION FOR W2-G
Name:	Date of Birt	h:
Address:	SSN:	
City/State/Zip:	Phone:	
Email Address:		_
I hereby authorize Lenape Entertainment, L	LC 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 □Em	ail □Sta	andard 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	