STATE OF CONNECTICUT

DIVISION OF SPECIAL REVENUE

P.O. BOX 310424
NEWINGTON, CONNECTICUT 06131-0424

New 10/05

CONNECTICUT DEPARTMENT OF MOTOR VEHICLES PHOTO RELEASE FORM

I hereby authorize the Connecticut Department of Motor Vehicles to release my photograph to:
State of Connecticut, Division of Special Revenue

I give this consent voluntarily and am aware that without this authorization, my photograph on file with DMV is confidential and protected under law. Such photograph is to be utilized in conjunction with a license application for a Connecticut Lottery Sales Agent. This authorization shall remain in effect unless and until it is withdrawn by me, in writing.

TO BE COMPLETED BY APPLICANT/LICENSEE
(Print or Type)

Name: _____

Connecticut Driver's License Number: _____ **or** **Connecticut ID Number:** _____

Date of Birth: _____ **Social Security Number:** _____

Home Address (Number and Street):

_____

Home Address (Town, State, Zip code):

_____

List Retailer Name and Town for each Lottery license you are associated with. Also list Retailer Number if an existing Agent:

_____

_____

_____

Signature: _____ **Date:** _____