

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I have made an application to be a renter; occupant or companion.

I request that you release any and all information concerning criminal record for use in connection with my application.

Photocopies of this letter may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this letter, it should be treated as an original and the requested information be released.

Thank you for your cooperation.

Print or Type Name

Signature

Date: _____

Print or Type Name

Signature

Date: _____

I have been authorized, on behalf of the Board
of Directors, to approve the completion of this
investigation .

Print Board Member's Name

Board Member's Signature

Date

The Completed Application must be
returned to the Condominium
Association for their Signature.