

**PROFESSIONAL
SCREENING SERVICES**

Release Form

I hereby authorize your company or any agent of your company, to contact any of my references, previous employers, companies, credit bureaus, corporations, law enforcement agencies, persons and educational institutions to supply any information concerning my background and criminal History. I also hereby release any of the above from liability and responsibility arising from their doing so. Applicant acknowledges that false information herein may constitute grounds for rejection of this application, termination of right of occupancy and/or forfeiture of deposit and may constitute a criminal offense under the laws of this state. I believe to the best of my knowledge that all information I have provided is accurate and that I fully understand the terms of this release.

Photocopies of this authorization form may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this authorization, it should be treated as an original and the requested information should be release to facilitate my/our application for residency.

Applicant Name: _____

Street Address: _____

City/State/Zip: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____ / ____ / ____

Race: _____ Sex: _____

Applicant Signature: _____ Date: ____ / ____ / ____

Co-Applicant Name: _____

Street Address: _____

City/State/Zip: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____ / ____ / ____

Race: _____ Sex: _____

Co-Applicant Signature: _____ Date: ____ / ____ / ____