

AUTHORIZATION FOR RELEASE OF CRIMINAL/POLICE RECORDS

I _____ authorize the recipient of this form to release to
(Name)

_____ information concerning any criminal/police
(Apartment Complex)

records you may have concerning me. I make this request for the purpose of applying for

residency at the apartment complex. I hereby waive any claim against the releasing

department or agency that I may have for releasing this information at my request.

A photocopy of this form may be accepted and given the same effect as the original.

Signature

Print Name

Current Address

Date of Birth

Social Security Number