

Reflections  
of Boca Del Mar

Phone 561-750-0881

Fax 56-393-7435

AUTHORIZATION TO RELEASE INFORMATION

**To whom it may concern:**

I have made an application to lease an apartment home. I have named you as a reference on my application and request that you release my and all information concerning my banking, credit, residence, and/or employment for use in connection with my application.

Photocopies of this letter may 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 to be released.

Thank you for your cooperation

\_\_\_\_\_  
Print or type name

\_\_\_\_\_  
Print or type name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Date: