



PH: 305-386-6696

FAX: 305-387-3037

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: