

DISCLOSURE AND RELEASE FOR INVESTIGATION

Please Print Your Full Name SSN

Please Print Any Other Names You Have Used DOB

Street Address

City State Zip Code

Driver's License # Exp. Date State Issued

I hereby give consent for an investigative consumer report to be prepared for **Rental Purposes**, which may include information about me obtained from Law Enforcement Agencies, State Agencies, as well as Public Records information such as credit reports, social security information, criminal history information, motor vehicle records and workers' compensation records, such as are allowed by law and in accordance with the Americans With Disabilities Act. Your signature below indicates your understanding that this authorization shall be to procure consumer reports and/or investigative consumer reports for the above purpose.

My signature certifies that I have read and agree with the above statements.

Signature Date

Witness Date

DISCLOSURE AND RELEASE FOR INVESTIGATION

Please Print Your Full Name

SSN

Please Print Any Other Names You Have Used

DOB

Street Address

City

State

Zip Code

Driver's License #

Exp. Date

State Issued

I hereby give consent for an investigative consumer report to be prepared for **Rental Purposes**, which may include information about me obtained from Law Enforcement Agencies, State Agencies, as well as Public Records information such as credit reports, social security information, criminal history information, motor vehicle records and workers' compensation records, such as are allowed by law and in accordance with the Americans With Disabilities Act. Your signature below indicates your understanding that this authorization shall be to procure consumer reports and/or investigative consumer reports for the above purpose.

My signature certifies that I have read and agree with the above statements.

Signature

Date

Witness

Date