

## AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Taffilot Enterprises, LLC, and it's employees, agents, or representatives, to receive any personal information they request for the purpose of evaluating my application for tenancy in one of their rental properties.

I also authorize and request all present and previous employers, mortgage holders, landlords, rental agents, creditors, banks, as well as local, state, and Federal Government agencies to release any requested information about me including but not limited to, criminal history, outstanding warrants or judgments, employment history, credit history, and rental history.

I release all parties from liability for damages for issuing or providing such information in good faith.

PRINT FULL NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SSN: \_\_\_\_\_

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

(The above personal information is required in order to insure a correct and accurate match of information to the correct identity and is not used for any other purpose.)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_