



## Three Oaks Properties LLC Authorization to Release Information

I/We hereby authorize you to release to THREE OAKS PROPERTIES LLC, its employees, officers, agents and assigns; any and all information they may require to obtain a credit/background report for the purpose of leasing the property located at:

\_\_\_\_\_

You may reproduce this document to acquire reference from more than one source.

Last Name: \_\_\_\_\_ Full First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone : \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

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

Print Name: \_\_\_\_\_