

CREDENTIALS VERIFICATION SERVICES, INC.

PERMISSION TO RELEASE RECORDS

Name of Applicant #1: (PRINT) _____

Address: _____ Apartment Unit # _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Driver's Lic. # _____ State _____

Social Sec. No. _____ - _____ - _____

Name of Applicant #2: (PRINT) _____

Address: _____ Apartment Unit # _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Driver's Lic. # _____ State _____

Social Sec. No. _____ - _____ - _____

As part of the screening process, Credentials Verification Services, Inc. has my permission to obtain my credit report, criminal history, employment verification and/or rental history. I give my consent and authorize the release of such records.

Applicant's Signature #1

date

Applicant's Signature #2

date