

RELEASE OF AUTHORIZATION FORM

TO WHOM IT MAY CONCERN:

We have applied for residency at one of Rental Research Services, Inc. client's:

The Buckingham Apartments

The Commodore Apartments

1011 Marshall Street Apartments

You are hereby authorized to release any information required by Management and *Rental Research Services, Inc., 7525 Mitchell Road, #301, Eden Prairie, Minnesota 55344-1958, (800) 328 0333* to complete the processing of my resident application.

Necessary information may include verification of my past and present employment earnings, Social Security benefits, pension benefits, present and past resident history, savings and checking accounts, government financial aid, consumer credit balances, payments and history through one or more credit bureaus.

A photographic or carbon copy of the authorization (being a photographic or carbon copy of the signature(s) of the undersigned) may be deemed to be the equivalent of the original and may be used as a duplicate original.

YOUR PROMPT REPLY WILL HELP EXPEDITE MY APPLICATION.

THANK YOU!

_____ Signatures (s)

_____ Social Security Number

_____ Signatures (s)

_____ Social Security Number

_____ Date

(This release will expire 1 year from the date listed above)