

RELEASE OF INFORMATION FORM

Please sign and submit this Release of Information form to the Main Office if you wish to share credit and residency information with others. This may help you to re-locate more efficiently. University Student Apartments will not release any credit or residency history without the written consent of the resident and/or spouse.

I, _____, of apartment # _____ MP/UV
(Print Name)

hereby authorize University Student Apartments to verify my residency and release credit information to any mortgage company, apartment complex, or other persons with legitimate interest in said information.

Resident Signature

Date

Spouse/Partner Signature

Date

Revised 1/2014