



ASSET MANAGEMENT & REALTY, INC.

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954/671-6390 Fax

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AUTHORIZATION FOR RELEASE OF INFORMATION

I _____ authorize and permit Asset Management & Realty, Inc. to perform background checks and obtain information about me from credit reporting sources, current and previous landlords, personal and professional references, employers, banks and law enforcement agencies.

I also authorize and give permission for all parties listed to disclose any information requested about me to the rental owner or manager stated above.

Photocopies of this letter may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this letter, it should be treated as an original and the requested information be released.

Please fax the completed form to: Asset Management & Realty, Inc. Fax number 954-671-6390.

Thank you for your cooperation.

Print or Type Name

Signature

Date: _____