



First Advantage

A Technology Group Company

APPLICANT AUTHORIZATION RELEASE

In connection with my application for residence at
I hereby authorize any consumer agency, current and previous employer, current and any former landlord, law enforcement agency, any check authorization agency, and state employment security agency to release all information any of them may have about me to First Advantage, I hereby release all of these parties from any liability in connection with release of such information. I also authorize First Advantage the use of data contained in my application for residence for demographically or other types of studies or reports.

A facsimile or other copy of this authorization shall be sufficient for release by aforesaid parties.

I have submitted a non-refundable fee of \$ _____ to process my application for residence. I understand that this sum is not a rental payment or deposit and will not be refunded even if my application is denied or cancelled by me after submission.

This authorization is for this transaction only and continues in effect for one (1) year unless limited by state law, in which case the authorization form continues in effect for the maximum period, not to exceed one (1) year, allowed by law.

Date:	Signature: _____	
Date of Birth:	DL Number:	State:
Social Security Number:	Printed Name:	