

**RELEASE OF INFORMATION**

I, \_\_\_\_\_, authorize and request that any and all records and information you may have in your possession concerning myself, the undersigned, and any member of my household, be disclosed to, and be made available for copying by Follette Property Management such information including, but not limited to, the following:

- 1. Military records, including medical diagnosis and/ or treatment, service history, and disciplinary action, if any.
- 2. Hospital records or records of physicians, including medical diagnosis and/or treatment, interviews and history, both physical and mental.
- 3. Personal information, including financial or commercial records, business or interviews.
- 4. Police records, including records of arrest, police reports, accident reports, and records of convictions.
- 5. Juvenile Court records.

My date of birth is \_\_\_\_\_  
Month Day Year

My place of birth is \_\_\_\_\_  
City County State

My Social Security Number is \_\_\_\_\_

A copy of this release, certified by a representative of Follette Property Management shall be considered valid for all purposes.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
PRINT APPLICANT'S NAME Signature of Applicant or Tenant

**CERTIFICATION**

\_\_\_\_\_, Certified that the foregoing Release of Information is a true and correct copy of the original.

\_\_\_\_\_  
For: Follette Property Management (FPM)