

AUTHORIZATION FOR RELEASE OF INFORMATION

Please fill out one of these forms for **EACH COMPANY that we are contacting

I hereby authorize _____ (NAME OF EMPLOYER OR FINANCIAL FACILITATOR) to provide information to TALL OAK PROPERTIES, LLC for the purpose of determining previous rental history, credit worthiness and/or ability to pay .

This authorization shall remain valid for 90 days from the date of signature.

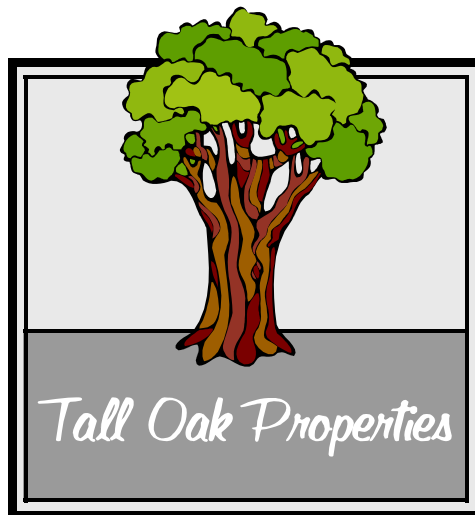
X

Signature

Date

Social Security Number

Printed Name



Save or Print this form and submit to:

Email: info@talloakprop.com

Fax: 952-955-3218