

## **Authorization to Release Information**

I, \_\_\_\_\_ hereby grant my full permission for both National Park Seminary Apartments & The Alexander Company to seek and obtain, and any applicable individual, company, or organization to release all applicable information or documentation required in regard, but not limited to: income, assets from financial institutions, court records, rental/mortgage history (both current and past), credit, criminal history and student status.

I understand that falsification, inaccurate representation, or omission of any provided or relevant information is grounds for immediate denial of my application for residency at Liberty Crest Apartments.

\_\_\_\_\_  
APPLICANT PRINTED NAME (FIRST, MIDDLE, LAST)

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SIGNATURE (FIRST,MIDDLE,LAST)

\_\_\_\_\_  
DATE

**National Park Seminary Apartments  
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