CANADIAN CREDIT RELEASE

APPLICANT AUTHORIZATION: I authorize the **following PROSPECTIVE LANDLORD/COMMUNITY AND/OR AGENT** to obtain a copy of my Credit Bureau Report:

***NAME OF PROSPECTIVE LANDLORD/COMMUNITY/AGENT: _____**

APPLICANT INFORMATION

_____

***APPLICANT:** **SURNAME** **FIRST** MIDDLE

_____

***MAIDEN/FORMER SURNAMES/OTHER NAME CHANGES (If Applicable)**

_____

***ADDRESS in Country Being Checked: STREET/PO BOX/RR # CITY PROVINCE POSTAL CODE**

***PHONE NUMBER: _____ *DRIVER'S LIC. No.: _____**

***SIN/SSN: _____ *EMAIL ADDRESS: _____**

***DATE OF BIRTH: _____ *PLACE OF BIRTH: _____**

YEAR/MONTH/DAY **CITY/PROVINCE-STATE/COUNTRY**

By signing this waiver, I acknowledge full understanding of its content and meaning and hereby give my informed consent.

***APPLICANT'S SIGNATURE**: _____ ***DATE**: _____

Upload this signed release at time of order for fastest turnaround. You may email to releases@empscreening.com or fax to (561) 290-0588 but note a longer turnaround time. Thank you!
***Required**