

AUTHORIZATION TO RELEASE INFORMATION

MANAGER/LANDLORD: _____

PHONE: _____

The management wishes to avoid admitting a family any one of whose members is involved in criminal activity which would adversely affect the health, safety, or welfare of other tenants and/or neighbors. To comply with this requirement, we ask your cooperation by supplying information on the criminal records, (if any), of the person listed below.

APPLICANT INFORMATION

Last name: _____

First name: _____

Full middle name: _____ D.O.B. _____ SEX: ☐ M ☐ F

I _____ hereby authorize and grant my informed consent to permit the Red Wing Police Department to release and make available to (manager/landlord) _____ any criminal record information that has been collected by the Red Wing Police Department as a result of my contacts and associations with the Red Wing Police Department. I also authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to manager/landlord listed above for the purpose of determining my eligibility to obtain housing.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

The expiration of this authorization shall be one year from the date of my signature.

LAW ENFORCEMENT USE ONLY BEYOND THIS LINE

CRIMINAL RECORD

Crime

Date

Person completing criminal history: _____

Date: _____

Agency: _____

Signature: _____