

R.O.LLC  
789 PreEmption Rd  
#343  
Geneva, NY 14456  
315-406-1999

Please return to the above address or fax to 315-902-4085

## AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize R.O. LLC and/or any agent they assign to make any inquires necessary for the purpose of rental /real estate/credit transactions.

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Current address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

I hereby waive any right I may have to review the information collected through the above authorization.

I have carefully read and reviewed all the provisions above and have voluntarily agreed to sign this authorization.

Date: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_