

To Whom It May Concern:

I hereby authorize any representative of the **Springs Home Rentals, LLC** bearing this Authorization to obtain information from my current and previous employers, property management firms, places of residency or other sources including a licensing agency, if applicable, pertaining to my employment and rental history. This authorization includes, but is not limited to, attendance records, disciplinary actions, licensing agency actions, length of employment, performance evaluations, payment records and tenancy history.

I hereby authorize you to release such information upon request of the bearer. This Authorization is executed with the full knowledge and understanding that the information is for official use by **Springs Home Rentals, LLC**.

I hereby release you, the institution or establishment which you represent, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it. Should there be any question as to the validity of the Authorization, you may contact me as indicated below:

Home Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Full Name (Typed or Printed): \_\_\_\_\_

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

Respectfully,

Jennifer Crosby  
Springs Home Rentals, LLC

***This Authorization will continue in effect for 90 days from the date of signature. A photocopy of the Authorization shall have the same force as the original.***

Jennifer Crosby | Springs Home Rentals, LLC | 6140 Tutt Blvd Suite 100 | Colorado Springs, CO 80923