

3170 Skinner Mill Rd Augusta, Ga 30909 706-733-9848 (706-733-9487 Fax)

## **RELEASE AUTHORIZTION**

I hereby authorize the release of concerning my employment statu			ents	
Signature	Date			
Name Printed				
In order to lease an apartment to To comply with this requirement in the lower half of this form. The Woodwinds Apartments for the papartment from us.  Please fill out the Emplement employee. It can a Wood	t, we ask your cooperation in s his information will be held in purpose of establishing the eligible loyer Section below and also be faxed to 706-733 winds Apartments @gndon - To be filled out by	ed to verify his/her is upplying the inform strict confidence and gibility of this persod return this paragram of the strict of the strict confidence and side of the strict confidence and side of the strict confidence of	ation requested d used only by n to lease an age to your iled to	
Employee's Job title or Position:			<del></del>	
	Part time	☐ Seasonal		
Average Gross Wage: \$	Per  Month	□Bi-weekly	□Weekly	
Are you this employees direct su	pervisor or payroll officer?	J Yes □ No		
Company Name	Te	Telephone Number		
Your Signature	Title	Date		

Name Printed