

Mississippi Real Estate Appraisal Board

ADMINISTRATOR E. C. Necley IV

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AUTHORIZATION TO RELEASE INFORMATION

Name:	License #: Applicant
Current Address:	
Social Security Number:	Date Of Birth:
Race:	Gender:
Telephone Number:	Email:
As evidenced by my witnessed signature background check to:	below, I hereby authorize and consent to the release of a fingerprint based
Mississippi Real Estate A P. O. Box 4915 Jackson, Mississippi 392	
	Board of any and all criminal records information in the possession in Information Center, including, but not limited to, any past history of a been charged or convicted.
not have or may have in the future agains and Certification Board, the Mississippi F the Mississippi Justice Information Cente	nereby waive any and all claims or liability for compliance which I may to the State of Mississippi, the Mississippi Real Estate Appraiser Licensing Real Estate Commission, the Mississippi Department of Public Safety and r, and any of these entities' employees and agents, against any and all e of the above-described information and the circumstances surrounding
	form are not submitted to the Board, then your application will atus" with the Board. You may be required to resubmit the license until a new license is issued.
Signature	Date
Witness to Signature	Date