

Mississippi Real Estate Commission

ADMINISTRATOR ROBERT E. PRAYTOR

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AUTHORIZATION TO RELEASE INFORMATION

NAME:			APPLICANT
CURRENT ADDRESS:			
City	State	Zip Code	County
SOCIAL SECURITY #:		DATE OF BIRTH	
RACE / SEX:		/	
TELEPHONE NUMBER: _			_
CURRENT E-MAIL ADDRE	SS:		
As evidenced by my witnessed based background check to:		hereby authorize and consent t Real Estate Commission	to the release of a fingerprint
	4780 I-55 N	North; Suite 300 Iississippi 39211	
	ation Center, includ		ne possession of or accessible by t history of a criminal offense(s)
have or may have in the futu Mississippi Department of Pul	re against the State blic Safety and the M sst any/all future a	e of Mississippi, the Mississipp Mississippi Justice Information of actions with reference to the	for compliance which I may now be Real Estate Commission, the Center, and any of these entities' release of the above-described
your license will be placed o renewal date, your file will l	n ''inactive status' oe closed for failin tivity for which a	' (if active) and if not received g to complete the renewal pro	nission by your renewal date, I within sixty (60) days of your ocess. If placed "inactive" you I and you then must complete
Signature		Date	
Witness to Signature		Date	