

Degarmo Estates Home Owners Association Inc.
AUTHORIZATION AND RELEASE

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TO CONDUCT BACKGROUND INVESTIGATION

I (We) hereby authorize Degarmo Estates Home Owners Association Inc., its agents, officers, directors, staff, or private investigators, to make inquiries, either by written communication, telephone, computer, in person or otherwise, to any current or former employer, creditor, bank, governmental agency, educational institution, military establishment, relative or any other person(s) or entity (ies)) knowledgeable of my (our) background as to my (our) prior history, without limitation, my (our):

- Criminal history, or personal background
- Corporate directorship/ownership if purchasing property
- Reliability, responsibility, honesty, integrity, civility, and any other measures of my (our) character or personality.

In consideration of the furnishing of any such information by any party contacted by or on behalf of Degarmo Estates Home Owners Association Inc., I (We) specifically waive any confidential relationship or privacy right which may exist for my (our) benefit and completely release Degarmo Estates Home Owners Association Inc., and the party(ies) contacted from any responsibility or liability for damages or other injuries which may occur as a result of the release or disclosure of this information.

I (We) agree to indemnify and hold harmless anyone involved with the conduction of this investigation of my (our) background from any and all liabilities or claims in connection therewith.

A photostatic, faxed or any other copy of this instrument bearing my signature shall be equally legally valid as the original.

Purchaser/s Spouse: _____

Printed Name: _____

Social Security Number*: _____

Signature: _____ Date: ____/____/____

*Passport Number may be used if no Social Security Number exists.

A copy of this release must be executed by the purchaser and the purchaser's spouse, if any.

Degarmo Estates Home Owners Association Inc.
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STATE OF FLORIDA)

) :SS

COUNTY OF DADE)

The foregoing instrument was acknowledged before this _____ day of _____,
200__ by _____
and _____, ___ who is (are) personally known to me
or ___ who has (have) produced _____ as
identification.

Notary Public, STATE OF FLORIDA

Print Name: _____ My Commission Expires: ____/____/____