University Towers

As a prospective resident of University Towers, I understand that it is company policy to secure criminal history information as part of the screening process using the information provided below.

NAME: _____

First Middle Last

MAIDEN NAME/NAMES USED: _____

BIRTHDATE: _____ SEX: _____

SOCIAL SECURITY #:_____

DRIVER'S LICENSE #:_____

EMAIL ADDRESS: _____

I, the undersigned, understand that the above information is required by the Central Records Division of the Michigan State Police, Lansing Michigan. I authorized University Towers and/or its agents to utilize the above information for the sole purpose of obtaining a Criminal History File Search.

_____

Signature of prospective resident Date