

Mississippi Real Estate Appraisal Board

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AUTHORIZATION TO RELEASE INFORMATION

Name:	License #:
Current Address:	
Social Security Number:	Date Of Birth:
Race:	Gender:
Telephone Number:	Email:
As evidenced by my witnessed signature be based background check to:	elow, I hereby authorize and consent to the release of a fingerprint
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possession of or accessible by the Mississ	aid Board of any and all criminal records information in the sippi Justice Information Center and the F. B. I., including, but not fense(s) for which I may have been charged or convicted.
may not have or may have in the future ag Board, the Mississippi Department of Publ	nereby waive any and all claims or liability for compliance which leainst the State of Mississippi, the Mississippi Real Estate Appraisal ic Safety and the Mississippi Justice Information Center, and any of inst any and all future actions with reference to the release of the instances surrounding same.
automatically be placed on "inactive s	to the Board <u>by your renewal date</u> , then your license will tatus" with BOTH the Board and the National Registry. In ty in Mississippi, you will be required to complete the license days until your license is renewed.
Signature	Date
Witness to Signature	Date