

Humboldt State University Housing & Residence Life

RELEASE OF INFORMATION

I, _____ give permission for the Humboldt State University Department of Housing and Residence Life to give information pertaining to my rental history and financial responsibility during my stay as a resident in the HSU residence hall to:

Name of Company/Landlord: _____ Wright Management Services

Name of Contact: _____ Catherine Wainwright

Phone Number: _____ (707) 839-5302

I have resided in: _____

(Please state the residence hall(s) in which you stayed, room number(s), and dates of occupation.)

Date when you MOVED OUT or EXPECT TO MOVE: _____

Student Signature: _____

Student's Name (Print): _____

Student's HSU ID Number: _____

Student's Phone Number: _____

Thank you,
Catherine Wainwright
Property Manager
Broker ID# 01795925