ASP Inc.
7400 Metro Blvd
Mpls. MN. 55439

Criminal Background Check
Consent

I authorize ASP, Inc., and Oliver Management Services, Inc. to obtain a criminal background check for rental purposes.

Name:_____
last first middle

Maiden Name/Alias: _____

Date of Birth: _____

Social Security Number: ____-____-____

Male: _____ Female: _____

Signature: _____ Date: _____

For complex/manager use only: (type of request desired)

MN Criminal Check _____

Out of State Criminal Check _____ *

***Which State(s) _____**

***If requesting out of state, please include the applicant's address where they lived in that state.**

_____

_____

*The expiration date of this release cannot exceed 1 year after date of signature.

Manager's Signature: _____ Date: _____

Tel: (952) 925-9592 Fax: (952) 925-9486