



## Consent to Obtain / Give Information

4 coachman Drive, Elkton, MD 21921  
Phone: 410-620-0004 / Fax: 410-620-9186  
EMail: amc@acorn-management.com  
www.acorn-management.com

I/We,

\_\_\_\_\_  
Applicant(s) Please Print Name(s)

Residing at: \_\_\_\_\_  
(Current Address)

Give consent for *Acorn Management Co., Inc.* to give/obtain information to/from:

\_\_\_\_\_  
Source

Regarding: \_\_\_\_\_

*Unless an earlier date is specified, this consent will expire one (1) year from the date signed.*

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Acorn Management Co., Inc.