



ASSOCIATE RELEASE FORM

Associate's Name

Associate's RE License Number

Associate's *PERSONAL* Email Address (**Please do not provide the brokerage email.**)

Associate's Principal Broker – Please print name

Associate's Principal Broker – Signature

Date

IMPORTANT: If the above-named Associate has possession of any leased MLS keyboxes, it is the Associate's responsibility to ensure the keyboxes are returned to MLS Technology, Inc. within ten (10) days of the submission of this Release Form. If the Associate fails to return any leased keyboxes while inactive, they will be responsible for all fees incurred should they return to active status at a later date.