

RELEASE OF OFFICE

FROM: Designated REALTOR of Firm

Name of Firm: _____ MLS Office ID: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Participant Name

Participant Signature

Date

Please check one:

- Participant will remain with this firm as an associate.
- Participant will inactivate membership.
- Participant will transfer to a new firm as an associate.
- Participant will open a new office.

TO: Designated REALTOR of Firm

Please note: Participant assumes any unpaid financial obligation of this firm.

TRANSFER OF MLS DATA- All historical data and MLS listings will automatically transfer to the new Participant.

Participant Name

Participant Signature

Date