

Authorization to Release Information

Property Address: _____
City: _____ State _____
Zip: _____

Borrower: _____
Mortgage Company: _____
Loan Number: _____
Telephone: _____

I hereby authorize _____ to have access to any and all information pertaining to my mortgage:

Telephone: _____
Fax: _____
Email: _____

Please direct all correspondence to them as I have retained their services to resolve my mortgage balance with your company.

_____ Printed name	_____ Signature	_____ Social Security
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