



Authorization to Release Information

I hereby authorize _____ of _____
(whose phone number is _____ and fax number is _____) and/or

any designated agent, assistant, Title Company or its agents to verify any and all information pertaining to the mortgage or property detailed below and any additional financial information pertaining to this property including homeowner’s association, taxes, liens and any other encumbrances. This notice will also serve to freeze the balance of any line of credit or home equity line at its current balance with no further access to this line.

It is understood a photocopy or fax of this form will also serve as authorization.

Property Address: _____

First Mortgage-----

_____ Mortgage Company	_____ Address
_____ Account Number	_____ City, State Zip
_____ Phone Number	_____ Loss Mitigation Contact
_____ Fax Number	_____ Loss Mitigation Direct Contact Information

Second Mortgage-----

_____ Mortgage Company	_____ Address
_____ Account Number	_____ City, State Zip
_____ Phone Number	_____ Loss Mitigation Contact
_____ Fax Number	_____ Loss Mitigation Direct Contact Information

Association (if any)-----

_____ Phone Number	_____ Management Company
_____ Fax Number	_____ Account Number

Authorized By-----

_____ Borrower (Please Print)	_____ Signature
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_____ Todays Date	_____ Date of Birth	_____ Social Security Number
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_____ Co-Borrower (Please Print)	_____ Signature
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_____ Todays Date	_____ Date of Birth	_____ Social Security Number
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