AUTHORIZATION TO RELEASE INFORMATION

Authorization dated this day of	, 20
Borrower(s):	
Date of Birth:	
SSN:	
Property Address:	
Lender Name:	
Loan Number:	
Lender Phone number:	_
Lender Fax number:	
I/We the undersigned hereby authorize you to release information regarding the above referenced loan to and/or their agents/assigns. This form may be duplicated in blank and/or sent via facsimile transmission. This authorization is a continuation authorization for said persons to receive information about my loan, including duplicates of any notices sent to me regarding my loan.	
Borrower- Print Name	Borrower- Print Name
Borrower- Signature	Borrower- Signature