

****Please fill out one for EACH lender****

I/We hereby fully authorize you to release;

information that they may require including and discussion of my loan, loan balances, payoff, any credit transactions, reinstatement, loan transfer or loan inquiry. The document may be reproduced as required to acquire information from more than one source.

Property Address:

Lender:

Lender contact # (Loss Mitigation Department)

Lender Fax#

Loan Number#

Check One	First Lien	Second Lien
Borrower#1		last 4 of SSN
Signature		Date

Borrower#2		last 4 of SSN
Signature		Date