



AUTHORIZATION TO RELEASE INFORMATION

Name of Borrower/Cosigner: _____

Date of Birth: _____ SSN or Account # _____

I authorize the release of information requested below to:

Name: _____

Please forward via regular US Postal Service to:

Address: _____

City/State/Zip: _____

Please forward via email to:

Email address: _____

I am requesting the following information be released to the entity listed above.

Description of information to be released:

I hereby release you, your organization, or others from liability or damages which may result from furnishing the information requested. I further authorize that a photocopy or imaged copy of this form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form for your files.

This release is valid for any information supplied within one (1) year of the date of my signature. If no date is supplied the release is valid for one (1) year from the date of receipt.

Signature of Borrower/Cosigner: _____

Date: _____