



Office Number : 954-543-1374 FAX: 866-611-1703

AUTHORIZATION TO RELEASE INFORMATION

Date ____/____/____

Lender _____ **Loan#** _____

I (we) give my (our) permission for you to release any and all information to my/our designated agent(s) at **SAVE FORECLOSURE PREVENTION** in reference to any mortgage(s), liens or judgments.

Please Contact the Designated Agent(s) in regard to any/all matters concerning the loan modification and/or Short Sale process

Regarding my property located at:

Address: _____ City _____

State _____ Zip Code _____ Phone (____) _____ - _____

Borrower (Print Name)

Co-Borrower (Print Name)

Borrower (Signature)

Co-Borrower (Signature)

Last 4SS# _____ D/O/B _____

Last 4SS# _____ D/O/B _____

Telephone

Telephone