

## **Authorization to Release Information**

1st Servicer:	_ Loan #:
Telephone #	_ (C
2 <sup>nd</sup> Servicer:	_ Loan #:
Telephone #	-
3 <sup>rd</sup> Servicer:	Loan #:
Telephone #	- 60
Property Address:	
I (we) authorize you to release to Thom C 5245, fax number (949) 207-7292 and emorand all information that he may require ab property. Thom Colby, Broker, has been as the Listing Broker or assisting the Listing Mortgage Servicers, Mortgage Lenders, Inwith each other for the purposes of nesatisfactory to all parties. This includes Fan This authority shall expire at Close of	ail address thom@thomcolby.com any out my loan for the above referenced designated as the 3 <sup>rd</sup> party Negotiator and Broker. I (we) further authorize alwestors, and Insurers, to communicate agotiating an acceptable settlemental mie Mae, Freddie Mac, & FHLMC.
V	
X Borrower / Seller Signature	FULL SSN #
Printed Name	
Printed Name	Date of Birth
Co-Borrower / Seller Signature	FULL SSN #
	1 1
Printed Name	Date of Birth

Newport Beach, CA / Palm Desert, CA 888-391-5245 // 562-422-4000 cell DRE # 01398570 thom@thomcolby.com © 2006 - 2013 Thom Colby, Broker – All Rights Reserved