



**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: \_\_\_\_\_