



**AUTHORIZATION TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN,

I/We, hereby give permission for you to release any and all information concerning the below referenced property/accounts to Olympia Title & Escrow Corporation and their associates.

Loan #(s): \_\_\_\_\_ :

Lender/Lien Holder: \_\_\_\_\_

Property Address: \_\_\_\_\_

Lender Phone Number: \_\_\_\_\_

Please give them your full cooperation, just as you would if you were dealing with me. This authorization is valid for 365 days from the time of execution.

A FACSIMILE OR OTHER COPY OF THIS FORM WILL SUFFICE JUST AS THOUGH IT WERE THE ORIGINAL FORM.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT

\_\_\_\_\_  
SOCIAL SECURITY #

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

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PRINT

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SOCIAL SECURITY #

\_\_\_\_\_  
DATE

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