



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

PRINT

SOCIAL SECURITY #

DATE

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