
AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I/WE hereby authorize you to release any and all information to Innovative Mortgage Services regarding my personally, in reference to any mortgages, liens, employment, financial accounts, credit reports and/or judgments of any type. "Agents" shall include all real estate agents, attorneys and their assistants. This document may be reproduced to acquire reference from more than one source.

Borrower Name: _____

Co-Borrower Name: _____

Address: _____

Borrower Social Security #: _____

Co-Borrower Social Security #: _____

Please give him/her full cooperation, just as you would if you were dealing with me.

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

SIGNATURE

PRINT NAME

DOB

DATE

SIGNATURE

PRINT NAME

DOB

DATE