

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the below individuals of **Keller Williams Heritage Realty** with a fax number of **321-445-9889** to verify any and all information pertaining to the mortgage or property detailed below and any additional financial information pertaining to this property including homeowner's association, taxes, liens and any other encumbrances.

Authorized Individuals: LaShawn Norden (321-377-0157, LaShawn@YourHomeOurPriority.com), Rick Norden (321-377-3661, Rick@YourHomeOurPriority.com), Dena Hansen (321-239-0517, Dena@YourHomeOurPriority.com) Carole Pleasants (407-862-9700, Admin@YourHomeOurPriority.com)

I/We, _____
hereby release _____
(lender/lenders), its affiliates, employees, agents and directors from any claims that might arise in connection with this authorization. This authorization shall remain in effect until revoked in writing. It is understood a photocopy or fax of this form will also serve as authorization.

PROPERTY

Property Address	City	State	Zip
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1st MORTGAGE

Mortgage Company	Loan Number	Phone Number
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Loss Mitigation Contact	Direct Phone
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2nd MORTGAGE

Mortgage Company	Loan Number	Phone Number
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Loss Mitigation Contact	Direct Phone
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HOMEOWNER/CONDO ASSOCIATION (IF ANY)

Management Company	Contact	Phone Number	Account Number
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AUTHORIZED BY

Borrower Signature	Last 4 of SSN	Date of Birth
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Printed Name	Today's Date
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Co-Borrower Signature	Last 4 of SSN	Date of Birth
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Printed Name	Today's Date
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