

Authorization to Release Information

Lender: _____

Loan/Account Number#: _____

Property Address: _____

Third Party Information

Company: **Loss Mit Services**

Authorized Parties: **Sean Wilder, Anne-Marie Glogowski, Paul Aube, Mary Van**

Authorized Parties: **Sandy Kenyon, Tina Trematerra & Michael Glogowski**

Mailing Address: **1 Hartfield Blvd Suite 204 East Windsor, CT 06088**

Phone #: **860-265-3727** Fax #: **888-977-1146** Email: **Sean@CTLMS.com**

I/We hereby authorize you to release to the Third Party Listed Above or its agents, employees and assigns, any and all information that they may require about my loan/account for the above referenced property including but not limited to; Payoff & Reinstatement figures, Loan Modification or Short Sale Negotiations and any and all documentation in relation to the above. "Agents" shall include all Company employees, real estate agents, attorneys, and their assistants. You may reproduce this document to acquire reference from more than one source. This Authorization shall not expire unless revoked in writing by the borrower or authorized 3rd party.

Borrower 1

Borrower 2

Signature

Signature

Printed Name

Printed Name

Mailing Address

Mailing Address

City State Zip

City State Zip

Social Security Number

Social Security Number

Date Phone

Date Phone