

**AUTHORIZATION FOR  
RELEASE OF INFORMATION**

**BORROWER/DEBTOR NAME(S):** \_\_\_\_\_

I/We, the undersigned, do hereby authorize the release of all information, records and/or documentation regarding any and all loans, mortgages, lines of credit, judgment or any other liens (including federal or state tax liens) or security instruments in my/our name(s), including information or documentation on past due amounts, collections, settlement agreements, payoff statements or any other amounts due any person or entity to:

Mid Atlantic Financial Group, LLC, Title Company; and/or their authorized employees or agents;

*I/We further authorize you to send or fax any of the above referenced documents or information to 888-350-9996.*

I agree that a photocopy of this authorization is as valid as the original and do hereby authorize the release of the above referenced information/documentation without the need for an original.

\_\_\_\_\_  
BORROWER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SSN

\_\_\_\_\_  
BORROWER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SSN

\_\_\_\_\_  
BUSINESS NAME (IF APPLICABLE)

\_\_\_\_\_  
EIN