



PROVIDING THE VERY *Best* IN TITLE SERVICES

CUSTOMER AUTHORIZATION TO RELEASE INFORMATION

DATE: _____

BORROWER NAME: _____

BORROWER NAME: _____

PROPERTY ADDRESS: _____

LEIN HOLDER: _____

ADDRESS: _____

PHONE: _____ FAX: _____

LOAN #: _____

I/We, the undersigned, hereby authorize and request that the above named individuals and/or company release to Best Homes Title Agency, or anyone designated by Best Homes Title Agency, any and all information, payoff's reports and/or documents regarding our mortgage as requested by said company. You are to furnish when requested Photostatted copies of any information requested. **A photocopy of this document has the same force and effect as the original.**

_____ Last 4 digits of SS# _____
Borrowers Signature

_____ Last 4 digits of SS# _____
Borrowers Signature