



# ROBERT C. RUSSELL, P.C.



*Attorneys and Counselors at Law*

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## BORROWER AUTHORIZATION TO RELEASE INFORMATION

Borrower Name: \_\_\_\_\_

Co-Borrower Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

This release is to allow Robert C. Russell, P.C., Attorneys and Counselors at Law, acting by and through its employees, staff, attorneys and agents (see people listed below), to gather account information to begin the analysis and to determine the borrower's mortgage default solutions, if any. Robert C. Russell, P.C. its employees, staff, attorneys and agents shall not be liable and shall be held harmless from any claims of loss or damage caused in connection with the use of this authorization.

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Robert C. Russell, P.C., its employees, staff, attorneys and agents, are authorized to communicate with my creditors, obtain any information regarding my accounts or debts that I may owe, including mortgage statements, payment amounts and history, escrow and transaction histories, payoff or reinstatement quotes, access to servicers internet site, foreclosure trustee/attorney, property evaluations (i.e. BPO, appraisal, etc.) and any and/or all other documents relevant to the handling of this mortgage loan. This authorization shall remain in effect until revoked in writing and a copy of such revocation is provided to all parties listed above.

Lender : \_\_\_\_\_ Loan # : \_\_\_\_\_

Lender : \_\_\_\_\_ Loan # : \_\_\_\_\_

Foreclosure Trustee : \_\_\_\_\_ TS/File # : \_\_\_\_\_

Real Estate Agent: \_\_\_\_\_ Company : \_\_\_\_\_

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Borrower Signature

**Note:** This purpose of this form is for FACT FINDING ONLY. The borrower has not retained the legal services of Robert C. Russell P.C. or its authorized agents for any other purpose.