

LAW OFFICES OF
NOBLE & ASSOCIATES
PROFESSIONAL CORPORATION
68-60 AUSTIN STREET, SUITE 302
FOREST HILLS, NY 11375

TEL: (718) 896-7700
FAX: (718) 897-2997

Authorization to Release Credit Information

1st Mortgage Lender _____ Loan # _____

2nd Mortgage Lender _____ Loan # _____

Property Address _____

Dear Lender(s): This is an authorization to release financial information. We have retained the above stated Law Firm to represent our interest in this transaction and authorize the above mentioned lien holders to release all financial information (account, loan payoff and/or any relevant items) with regard to the above referenced property. This form may be photocopied and/or faxed. A copy or facsimile shall be effective consent in the absence of the original document.

X _____
Borrower Signature _____ Social Security Number _____

X _____
Printed Name _____ Date of Birth _____

X _____
Co-Borrower Signature _____ Social Security Number _____

X _____
Printed Name _____ Date of Birth _____

Loan 1st # _____

Loan 2nd # _____

Client Initials: _____