

AUTHORIZATION TO RELEASE INFORMATION



Date: _____

RTR File Number: _____

I/We herewith give the above referenced individual agent, attorney, servicer, real estate agent and/or insurer of the loan referenced above permission to speak with, make arrangements and disclose financial records pertaining to the account/file number above to each of their respective assigns, associates, employees or agents.

A copy of this authorization, including a facsimile transmission or scanned copy, may be accepted as an original.

AUTHORIZED THIRD PARTY		
*Authorized Third Party Name		
Cell or Work Number with Area Code	Fax Number with Area Code	
Email Address	*Date of Birth:	
*Current Mailing Address		
*City	*State	*Zip Code
*Relationship to customer(s)	Best Time to Call	

INFORMATION OF THE BORROWER AUTHORIZING THE THIRD PARTY REQUIRED	
Name _____	SSN _____
Signature _____	Date ____/____/____

Send completed form to:

★ Email: rs@rtresolutions.com

★ Fax: (214) 452-0532

★ Mail: P.O. Box 36655, Dallas, TX 75235