

Authorization to Release Information

Property Address

Name of Lender/Loan Servicer

Loan Account Number

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Loan Account Number

To Whom It May Concern:

I am represented by the **Law Offices of The National Real Estate Law Group**, 11320 Random Hills Road, Suite 130, Fairfax, VA 22030, 888-734-0026 (office), 703-763-5718 (fax), with respect to the above listed loan accounts. I hereby authorize you (i.e. Lender/Loan Servicer) to release any and all information or documentation concerning the above listed loan account(s) to the **Law Offices of The National Real Estate Law Group**, at their request. I further authorize you to discuss my case, including any and all loss mitigation plans for the above listed loan account(s) with the **Law Offices of The National Real Estate Law Group or any of it's employees or associates including Matt Hunzeker, it's Managing Partner, and:**

Name of Law Firm Representative

Name of Law Firm Representative

Phone/Fax/Email for representative

Phone/Fax/Email for representative

THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL ONE YEAR FROM THE DATE OF THIS DOCUMENT OR UNTIL I SPECIFICALLY NOTIFY YOU IN WRITING THAT THIS AUTHORIZATION IS NO LONGER IN EFFECT.

Client Signature _____ Date _____

Printed Name:

Last four (4) digits of SSN: _____

Phone No: _____

Date of Birth: _____

Client Signature _____ Date _____

Printed Name:

Last four (4) digits of SSN: _____

Phone No: _____

Date of Birth: _____

Client Mailing Address (if different from Property address)