



# Authorization To Release Information

CERTIFIED DISTRESSED  
PROPERTY EXPERT®

This release will be used for the purpose of facilitating and expediting the transaction contemplated by the listing agreement between the undersigned and Engel & Voelker Florida Keys. It will be used to obtain personal and financial information of the undersigned. The authorized parties listed below shall use all reasonable means to ensure the information provided is used for the purposes set out below. The parties listed below shall not be liable and shall be held harmless from and for any claims of loss or damage caused in connection with the use of this authorization. I hereby authorize\_\_

Gidget Jackson of Engel & Voelker Florida Keys (whose phone number is 800-764-0531 and fax number is 888-443-6026) and/or any designated agent, assistant, Title Company or its agents to verify any and all information pertaining to the mortgage or property detailed below and any additional financial information pertaining to this property, including homeowner's association, taxes, liens, and any other encumbrances.

I/We, \_\_\_\_\_ hereby release, Engel & Voelker Florida Keys its affiliates, employees, agents, and directors from any claims that might arise in connection with this authorization. This authorization shall remain in effect until revoked in writing and a copy of such revocation is provided to all parties listed above. It is understood a photocopy or fax of this form will also serve as authorization.

**PROPERTY:**

Property Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**1ST MORTGAGE:**

Mortgage Company \_\_\_\_\_ Account Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Loss Mitigation Contact \_\_\_\_\_ Direct Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**2ND MORTGAGE:**

Mortgage Company \_\_\_\_\_ Account Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Loss Mitigation Contact \_\_\_\_\_ Direct Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**ASSOCIATION (IF ANY):**

Management Company \_\_\_\_\_ Account Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact \_\_\_\_\_ Direct Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**AUTHORIZED BY:**

Borrower Signature \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Co-Borrower Signature \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_