

# Authorization to release information

Please complete and return this form

Borrower name(s): \_\_\_\_\_

Property address: \_\_\_\_\_

Loan number: \_\_\_\_\_

**I authorize Wells Fargo to release information about my loan to the third party listed below:**

Name of third party: \_\_\_\_\_

Address of third party: \_\_\_\_\_

Email address of third party: \_\_\_\_\_

Phone number of third party: \_\_\_\_\_

Relationship of third party (i.e., attorney, real estate agent, etc.): \_\_\_\_\_

Expiration date for this authorization: \_\_\_\_\_

**Note:** If no expiration date is provided, this authorization will remain in place for the life of the loan; however, if you are granting authorization to a real estate agent, the authorization will expire one year after the date it is granted.

**Please indicate which privileges you wish to grant to the third party named above (check all that apply):**

\_\_\_\_\_ Receive information about my loan.

\_\_\_\_\_ Update existing tax information.

\_\_\_\_\_ Update existing insurance information or provide replacement coverage information.

**Important notes:**

- Updates to taxes and/or insurance may result in an immediate change to the monthly mortgage payments for this loan.
- To allow an authorized third party/parties to make other changes to your loan information, we require a notarized Power of Attorney or Court Order for the authorized party/parties that “grants full authority to make, acknowledge and deliver those changes for you and in your name.”

**Authorized signature:**

I hereby accept responsibility for all actions taken on my loan by the party named above and agree that if I wish to discontinue the authorization noted on this form, I will notify Wells Fargo in writing or by calling the number listed in the account information section of the accompanying letter.

\_\_\_\_\_  
Borrower (Signature Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last 4 digits of SSN or TIN