

AUTHORIZATION FORM TO RELEASE INFORMATION

In preparing for a real estate closing transaction, I, _____
(print name) authorize:

The Law Office of Tracey Reynolds
134 John's Court
Rock Hill, South Carolina 29730
Phone: 803-328-0150
Fax: 803-328-1910

To complete the following on my behalf:

- Order and receive any loan payoffs, lien payoffs or releases regarding real estate property.
- Order and obtain any credit card loan payoffs, automobile payoffs or releases and other type loans.
- Obtain property hazard insurance information and provide any modifications as to the loss payee name and address to the insurance agency.

I certify that my Social Security Number is as follows:

My current mailing address is:

My Contact Information is as follows:

_____ day time phone number

_____ evening phone number

A copy of this letter shall be treated as an original.

Signed this _____ day of _____, 20_____

Signature