

AUTHORIZATION TO RELEASE INFORMATION

Please complete and
submit via fax to:
1-336-455-7305
Or via email to:

FCCallCenter@brockandscott.com



Consumer Information

Name:	
Property Address:	
Social Security#:	
Phone:	
Email:	

Loan Information

Lender/Service/Creditor:	
Account Number:	
Brock & Scott File #:	

I/We, the Undersigned, do hereby authorize a representative of Brock & Scott, PLLC to contact, discuss, disclose and/or release any requested information with regard to the above referenced Loan Information and any court proceedings related thereto to following individuals or organizations indicated below as Authorized Parties.

Authorized Parties

Name of Authorized Party	Relationship to Consumer

Date: _____

Signature: _____ Name (Printed): _____

Signature: _____ Name (Printed): _____

****This communication is from a debt collector. This is an attempt to collect a debt. Any information obtained will be used for that purpose****

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