

# BORROWER / AUTHORIZED PERSON – AUTHORIZATION TO RELEASE INFORMATION

Please complete and  
submit via fax to:

**1-336-455-7305**

Or via email to:

ConsumerContact@brockandscott.com



## Borrower Information

Name:	
Property Address:	
SSN# (last 4 only):	
Phone:	
Email:	

## Loan Information

Lender/Service/Creditor:	
Loan Number (last 4 only):	
Brock & Scott File #:	

I/we, the undersigned, do hereby authorize and consent to a representative of Brock & Scott, PLLC, (the "Firm"), contacting, discussing, disclosing and/or releasing information relating to the above referenced Loan and, any court proceedings related thereto to the individuals or organizations set forth below as Authorized Person(s) to receive this information:

Borrower Signature: \_\_\_\_\_  
Name (Printed): \_\_\_\_\_  
Date: \_\_\_\_\_

Borrower Signature: \_\_\_\_\_  
Name (Printed): \_\_\_\_\_  
Date: \_\_\_\_\_

## Authorized Person(s)

Name of Authorized Person(s)	Relationship to Borrower(s)

I/we, the undersigned Authorized Person(s), represent and warrant to the Borrower(s) and the Firm, that: (i) I/we will only use the information obtained pursuant to this authorization for the benefit of the Borrower(s) and will not use the same for any improper or unauthorized purpose; (ii) I/we will not disclose the information obtained pursuant to this authorization to any third-party without the Borrower(s) prior consent; and (iii) where interpreting the contents of any information disclosed pursuant to this authorization for the Borrower(s), I/we will do so fully and accurately.

Authorized Person: \_\_\_\_\_  
Name(Printed): \_\_\_\_\_  
Date: \_\_\_\_\_

Authorized Person: \_\_\_\_\_  
Name (Printed): \_\_\_\_\_  
Date: \_\_\_\_\_

***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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