

AUTHORIZATION FORM

Lender: _____ Loan # _____

To Whom It May Concern:

I/We the undersigned do hereby authorize you to release and correspond with any employee of **Seymour Law Firm, LLC or HMR Consulting, LTD** for verification purposes, information regarding:

_____ Requesting payoffs from lenders, attorneys and collection firms

_____ Mortgage Loan Information (payoff, claims, litigation)

_____ Any information deemed necessary in connection with a consumer credit report.

_____ Any information deemed necessary in connection with a short sale, forbearance or modification.

A copy of this authorization (being a copy of the signatures of the undersigned) may be deemed to the equivalent of the original and may be used as a duplicate original.

Name of Client _____

Signature of Client _____ Date _____

Social Security # _____

Name of Client _____

Signature of Client _____ Date _____

Social Security # _____

Property Address: _____

