

## Authorization to Release Information to a Third Party

Borrower Information	on:			
First Name:				
Co-Borrower Inform	nation:			
First Name:				
Last four (4) digits of	Social Security Num	ber (SSN):		
<b>Property Address:</b>				
Loan Number:				
Mortgage Company	Name: Selene Finai	nce LP		
By signing below, I/w individual/company:  Authorized Individual		elene Finance LP to	o discuss my/ou	r mortgage loan with the followin
Street Address	City	State	Zip	Phone Number
This authorization wil	l remain in effect unt	til I send written no	tice to Selene tl	nat the authorization is revoked.
Borrower Signature			Date Signed	
Borrower Printed Nan	ne			
Co-Borrower Signature			Date Signed	
Co-Rorrower Printed	Name			