



STRUCTURE TITLE SERVICES

7401 Wiles Road, Suite 114
Coral Springs, FL 33067
Phone: (954)509-3752 Fax: (877)503-7227

AUTHORIZATION TO RELEASE INFORMATION

1ST Servicer

Name: _____ Loan # _____

Telephone: _____ Fax _____

2nd Servicer

Name: _____ Loan # _____

Telephone : _____ Fax _____

To Whom may concern:

We hereby authorize the release of any and all information to Structure Title Services Inc and their associates, **Brinni Jackson and Myrtha Jackson** regarding my property located at:

Please give him / her your full cooperation, just as you would be dealing with me.

A FACSIMILE OR OTHER COPY OF THIS FORM WILL SUFFICE JUST AS THOUGH IT WERE THE ORIGINAL FORM.

Signature

Print Name

Social Security Number

Date

Signature

Print Name

Social Security Number

Date