

SSG Real Estate LLC

2389 Main Street Glastonbury, cT 06033
Phone (860)657-4754 Fax (860)659-4044

Authorization to Release Information

Dated this ____ day of _____, 20____

Homeowner(s)

Borrower(s): _____

Property Address: _____

Lender

Loan # _____

Lender Name: _____

Lender Phone: _____

I/We the undersigned hereby authorize you to release any information that may require any type of discussions of the above-referenced loan to SSG Real Estate LLC Phone 860-6574 and/or their agents/assigns. This document may be duplicated in blank and or sent via facsimile transmission. This document shall also be considered a continuation, authorization document towards any duplicates of notices involving my loan.

Borrower
SSN: _____ Date of Birth: _____

Borrower
SSN: _____ Date of Birth: _____