

# CROSBY LAW OFFICES, PSC

2303 Hurstbourne Village Dr. #700

Louisville, KY 40299

P-502-499-6360 | F-502-491-4469

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To Whom It May Concern:

I/We authorize you to release to Crosby Law Offices, PSC, any information, confidential and otherwise, for the purpose of verification in order to complete my home loan transaction.

This authorization to release information includes but it not limited to, mortgage account payoff(s), judgment lien(s), tax lien(s) or any other line payoff, as well as any other information deemed necessary to complete my transaction.

A photo-copy of this authorization (being a valid copy of the signature(s) of the undersigned) may be deemed to be the equivalent of the original and may be used as a duplicate original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

File # \_\_\_\_\_