



AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the release of information relating to my credit, employment, banking and/or public records on behalf of _____ to Informative Research (IR) for my pending application for a real estate loan. Under certain circumstances, IR may need to verify information that falls under HIPAA. This act limits dissemination of PHI or Protected Health Information without adequate assurance that the information will be safeguarded and kept confidential as set forth in the Act. By signing this release, I authorize the release of my PHI for verification. As an authorized credit reporting agency, I understand that IR has safeguards in place to protect my information and will only use the information as allowed by law. Additionally, if required, I authorize the mailing of my completed Credit Report to my home for reference purposes when talking to my Lender.

| | |
|------------------|------------|
| Print Name _____ | SSN# _____ |
| Signed _____ | Date _____ |
| Print Name _____ | SSN# _____ |
| Signed _____ | Date _____ |

This form may be reproduced or photocopied to be used as my Consent to Release Credit or Employment Information. Reproductions are considered as valid as the original.

| | |
|-------------------------------|-------|
| <i>Office Use Only</i> | |
| Loan Processor Name: | _____ |
| Requesting Company: | _____ |
| Loan Application #: | _____ |
| Order/Reference #: | _____ |

Notice

Informative Research is authorized by the credit Bureaus to access consumer data in accordance with the Fair Credit Reporting Act (FCRA) and other State and Federal Laws.