## Third Party Authorization to Release Information

I,	("F	Borrower") do hereby authorize
I,	ow. I unders ow, information of copies sible for any of	tand that information released by relating to my loan amount and of my loan documents. Under no claims, liabilities or damages that may
I acknowledge that this authorization will remain in effect for the duration of time that CRR serves as authorized agent for the beneficiary attempting to collect delinquent payments. I also acknowledge that should I wish to terminate this authorization, I will immediately notify CRR in writing.		
Include all third party information here:		
Full printed name of Authorized third party:		
Street Address:		
City:	State:	Zip Code:
Telephone number:		
Relationship to Borrower:		
Primary Borrower:		
Signature:		Date:
Co-Borrower:		
Signature:		Date:
When you have completed and signed this agreement, please return it either by:		

When you have completed and signed this agreement, please return it either by: Fax: (714) 846-8720

Mailing Address: 4952 Warner Ave., Ste 105 Huntington Beach, CA 92649

If you have any questions, please contact CRR by calling toll free (800) 664-2567 during business hours of 9:00 am to 6:00 pm Monday thru Friday.