

CONSENT TO RELEASE FINANCIAL INFORMATION

Borrowers' name(s): _____
Address of mortgaged property: _____

Phone number: _____

Re: Iowa Mediation Service/Iowa Attorney General's Office Mortgage Modification Program

TO WHOM IT MAY CONCERN:

This document authorizes the below-mentioned lender(s) and/or servicing agent(s) to provide *any* and *all* information regarding financial records to the Iowa Mediation Service representative.

Lender/servicing agent: _____
Loan number(s): _____

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Each borrower listed on the account(s)/loan(s) must sign.

Signature and Social Security number

Print Name

Signature and Social Security number

Print Name

Date signed: _____