



AUTHORIZATION TO RELEASE INFORMATION

Loan # _____

Name of Borrower _____

Name of HOA: _____

Name of Management Company: _____

Property Address: _____

Phone Number to HOA: _____

To Whom It May Concern:

I, _____ authorize the above reference HOA/Management Company to release any and all information or documentation that is requested by Citadel Servicing Corporation. I understand that a copy of this authorization maybe accepted as an original and will be kept in my file unless I request otherwise. If you have any questions regarding this form, you may contact us at toll free (888) 800-7661 during normal business hours Monday – Friday, 8:00 am – 5:00 pm PST.

(Contact Phone #)

(Borrower's Signature)

(Date)

THIS IS FROM A DEBT COLLECTOR ATTEMPTING TO COLLECT A DEBT; ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE. IF YOU OR YOUR ACCOUNT ARE SUBJECT TO PENDING BANKRUPTCY OR THE OBLIGATION REFERENCED IN THIS STATEMENT HAS BEEN DISCHARGED IN A BANKRUPTCY PROCEEDING, THIS STATEMENT IS FOR INFORMATIONAL PURPOSES ONLY AND IS NOT AN ATTEMPT TO COLLECT A DEBT. PLEASE CALL "CSC" IF YOU HAVE ANY QUESTIONS ABOUT THIS STATEMENT AT 1-888-800-7661.