

# AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_ and \_\_\_\_\_ authorize the following company:

EAGLE LAND TITLE AGENCY, INC.  
216 Bradenton Avenue, Dublin, OH 43017  
Phone: (614) 763-5263 Fax: (614) 763-5264

To do any and all of the following:

- order/receive any loan payoffs or lien payoffs or releases regarding the real estate property
- verify information such as my social security number, address, etc. with third parties
- freeze my mortgage loan account(s) from any future draws or disbursements as of this time
- or any other such action or communication that may be needed to facilitate the closing

I certify that our social security number(s) is: \_\_\_\_\_ and \_\_\_\_\_.

My current mailing address is: \_\_\_\_\_

My phone numbers are: \_\_\_\_\_ day \_\_\_\_\_ evening

**(Please list your payoff account numbers so we can obtain payoff balances to expedite the closing)**

Payoff Name	Account Number	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A copy of this letter shall be treated as the original.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_