
Agent

Company

Address

City State Zip

**SELLER AUTHORIZATION FOR RELEASE
OF INFORMATION SHORT SALE / FORECLOSURE**
ADOPTED BY THE COLUMBUS BOARD OF REALTORS®



Date: _____

Seller #1: _____

Seller #2: _____

Last 4 Digits SSN: Seller #1: _____ Seller #2: _____

Creditor / Lien Holder: _____

Phone Number: _____

Property Address: _____

Loan No.: _____

Seller Consents to Creditor/Lien Holder Release of Information. Seller consents and requests that the Creditor and its representatives communicate and provide any loan, financial or other information of Seller, confidential or otherwise, to any of the following parties involved in the transaction, initialed and named below, or their representatives:

(seller initial)	(print names)
____ Seller's Attorney:	_____
____ Seller's Agent:	_____
____ Seller's Real Estate Broker:	_____
____ Broker's Transaction Coordinator:	_____
____ Title Insurance Company:	_____
____ Other: _____ :	_____
____ _____ :	_____

Seller	Date	Seller	Date
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Note: This Seller Authorization should be submitted to the Creditor's Loss Mitigation Department. If the property is in foreclosure, this form should also be submitted to the Creditor's law firm.