Authorization to Release Information

TO WHOM IT MAY CONCERN, I (WE)

_____

Hereby give permission for:

_____, REAL Solutions Realty, (513)874-7325

to receive all information, both now and in the future, either personal or financial concerning the property located at:

_____

Specifically Loan #: _____

Lender/Lien Holder: _____

Lender Address: _____

Lender Phone Number: _____

And/or any related mortgages, liens, etc. Please give REAL Solutions Realty your full cooperation.

A FACSIMILE OR OTHER COPY OF THIS FORM WILL SUFFICE JUST AS THOUGH IT WERE THE ORIGINAL FORM. THIS AUTHORIZATION IS VALID UNTIL LIEN(S) ARE PAID IN FULL.

_____

Signed Authorization SS# Date

_____

Signed Authorization SS# Date

REAL Solutions Realty 8366 Princeton Glendale Rd B7 West Chester, OH 45069
Phone: 513-874-7325 Fax: 513-322-8613 Web: www.RealOhio.com