

AUTHORIZATION REQUEST

I authorize Wells Fargo Home Mortgage to release information about my loan to:

(Please print name of authorized 3rd party)

(Please print name of closing agent or settlement agent)

This authorization is good until _____ (Expiration Date) or for the life of the loan if no expiration date is specified. However, this authorization can be revoked, in writing, at any time.

Borrower Signature

Date

Last 4 digits of SSN

Mail or fax this completed form to:

Wells Fargo Home Mortgage
Wells Owned Loss Mitigation
Attention:
MAC X2409-01F
1 Home Campus
Des Moines, IA 50328
Fax: 866-972-