



**fahe**  
Strength in Numbers

**servicing**

319 Oak Street, Berea, KY 40403  
888.969.1399 | [www.fahe.org](http://www.fahe.org)

Authorization to Release Information to a Third Party

**Borrower Information:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last four (4) digits of Social Security Number (SSN): \_\_\_\_\_

**Co-Borrower Information:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last four (4) digits of Social Security Number (SSN): \_\_\_\_\_

**Property Address:** \_\_\_\_\_

\_\_\_\_\_

**Loan Number:** \_\_\_\_\_

**Mortgage Servicer Name: Fahe, Inc.**

I/We am/are the borrower(s) on the above referenced loan. By signing below, I/we hereby authorize Fahe, Inc. to discuss my/our mortgage loan with the following individual/company:

\_\_\_\_\_  
Authorized Individual or Company

\_\_\_\_\_  
Street Address City State Zip Phone Number

I understand this authorization is only valid until such time as my loan is paid in full, my authorization is revoked in writing, or it expires on (MM/DD/YYYY) \_\_\_\_\_

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Borrower Printed Name

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Co-Borrower Printed Name