



Good House Realty
460 Carson Plaza Drive Suite 222
Carson, CA 90746
Cell (562) 254-5277 Fax (310) 943-7977

AUTHORIZATION TO RELEASE INFORMATION

Loan#: _____

Name: _____

SS#: _____

I, authorize _____ to release information
regarding my real estate loan referenced above to:

Sheryl Adams, Broker DRE 01200099
Good House Realty
460 Carson Plaza Dr #222
Carson, CA 90746
s.adams@goodhouse.org

562 254-5277

Sincerely,

Sign Here

Print Here

Date

THIS AUTHORIZATION EXPIRES ON _____