

**AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize you to release any and all information regarding my loan, including loan status, interest rate, payoff amount, amount of monthly payment, late charges, penalties, and fees (if applicable) to:

**Lampl Settlement Services**

435 South Maple Avenue, Greensburg, PA 15601

P: 724-834-3188

F: 724-834-5617

Email: [elampl@lampllawoffice.com](mailto:elampl@lampllawoffice.com)

1<sup>st</sup> Mortgage Lender: \_\_\_\_\_

Mortgage Phone #: \_\_\_\_\_

Mortgage Account #: \_\_\_\_\_

2<sup>nd</sup> Mortgage Lender: \_\_\_\_\_

Mortgage Phone #: \_\_\_\_\_

Mortgage Account #: \_\_\_\_\_

Borrower Name: \_\_\_\_\_

Borrower SSN: \_\_\_\_\_

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

Borrower Name: \_\_\_\_\_

Borrower SSN: \_\_\_\_\_

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