

**CONSENT TO RELEASE FINANCIAL INFORMATION**

Borrowers' name(s): \_\_\_\_\_

Address of mortgage property: \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

\_\_\_\_\_

Re: Iowa Mortgage Help/Iowa Mediation Service/Iowa Attorney General's office Mortgage Modification Program

To Whom It May Concern:

This document authorizes the below-mentioned lender(s) and/or servicing agent(s) to provide any and all information regarding financial records to the Iowa Mediation Service representative.

Lender/servicing agent: \_\_\_\_\_

Loan number: \_\_\_\_\_

Lender/servicing agent \_\_\_\_\_

Loan number \_\_\_\_\_

**Each borrower listed on the account(s)/loans(s)/ must sign.**

\_\_\_\_\_  
Signature and Social Security number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature and Social Security number

\_\_\_\_\_  
Print Name

Date signed: \_\_\_\_\_