

June 12, 2014

Name of information holder
Address
Address2
City, State/Province
Zip/Postal Code

OBJECT: AUTHORITY TO RELEASE CREDIT-RELATED INFORMATION

Dear [CONTACT NAME],

The undersigned hereby authorizes the disclosure and release of any and all personal credit-related information in your possession, including but not limited to credit, financial, salary, banking, debt and tax information and materials, to [FIRM NAME], as required, until further notice. This authorization is valid for [NUMBER] days from the date of my signature below. Please keep a copy of my release request for your files.

Thank you for your co-operation.

Dated: [DATE]

[WITNESS]

[NAME OF CREDIT APPLICANT]