



"Su Casa is MiCasa's #1 Priority"

8220 State Road 84, Suite 200, Davie, FL 33324
Tel: (954) 474-0101 Fax: (954) 474-3781

AUTHORIZATION OF RELEASE INFORMATION

Date: _____

To: (Lender)

Social Security No. _____

Social Security No. _____

Re: Loan # _____

Property Address: _____

This is to advise that the above subject property is being refinanced and/or sold, and at closing the:

- Mortgage you hold will be:
 - Paid in full – please provide payoff figures as of _____
 - Assumed by the purchase – please provide assumption package

This is your authorization to release information requested above as soon as possible to the settlement agent handling the closing as shown below:

**MiCasa Title Services
8220 State Road 84 Suite 200
Davie, FL 33324
Phone: 954-474-0101**

**Please fax back to:Fax: 954-474-3781
Attn: Processing Department**

Thank you in advance for your cooperation,

Sincerely,

Borrower/Seller

Borrower/Seller