



Client Number: \_\_\_\_\_

**Housing & Financial Counseling**  
At the Family Life Center  
493 North 700 East  
Logan, Utah 84321  
Phone: 435-797-7224  
Fax 435-797-7432  
Email: fchfc@gmail.com

**AUTHORIZATION TO RELEASE INFORMATION**

**Loan Number:** \_\_\_\_\_  
**Name(s) on Loan:** \_\_\_\_\_  
**Property Address:** \_\_\_\_\_  
**Last Four Digits of Social Security Number(s):** \_\_\_\_\_  
**Person Authorized on the Account:** \_\_\_\_\_

I/We hereby authorize any Federal, State, or local agency, organization, business or individual to release to Utah State University Family Life Center Housing and Financial Counseling , it's employees, agents, or assigns (herein referred to as "USU FLC HFC") to release/exchange any information or materials requested in order to facilitate my participation in USU FLC HFC's Counseling Program. I agree that a photocopy of this may also serve as authorization.

The groups or individuals that may be asked to release the above information includes but is not limited to:

- Mortgage Companies
- Past and present employers
- Support and alimony administrators
- Social Security Administration
- Veterans Administration
- State unemployment agencies
- Utility Companies
- Banks and financial institutions
- Non-profit organizations

I/We also authorize USU FLC HFC to exchange information with all pertinent parties in order to assist me with the best plan to resolve my immediate situation. I authorize the exchange of information with any party authorized in this release to include but not be limited to in person, via fax and via e-mail.

This authorization will stay in effect until I complete my participation in the Foreclosure Counseling Program or revoke this authorization in writing.

Name (Please Print)	Signature	Date
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Name (Please Print)	Signature	Date
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Witness Signature (Counselor may act as a witness)	Date
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