



**Homeowner's Authorization to Release Debt Information to Third Party**

Property Address: \_\_\_\_\_

Homeowner's Name: \_\_\_\_\_

Homeowner's Mailing Address (if different from property address):  
\_\_\_\_\_

Homeowner's Email Address: \_\_\_\_\_

\*\*\*\*\*

Party Requesting Information ("Third Party"): \_\_\_\_\_

Relationship to Homeowner: \_\_\_\_\_

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

\*\*\*\*\*

The undersigned homeowner, authorizes the law firm of Larsen Slaten, PLLC and the Third Party set forth above, to obtain, share, release, discuss and otherwise provide to and with each other debt information relating to the delinquency associated with the above named property. This information may include (but is not limited to) the name, address, telephone number, account balances and payment activity of the homeowner.

It is understood by the homeowner that Larsen Slaten, PLLC has no responsibility or liability to verify the identity of such Third Party, nor any responsibility or liability for what a Third Party does with such information.

**I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD-PARTY AUTHORIZATION:**

HOMEOWNER(S):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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