	Borrower's Name:		Co-Borrower's name:				
	Last 4 of Social Security #:	DOB:	Last 4 of Social Securi	ity #:	DOB:		
	Subject Property Address: City:		Phone:				
			State:	State: Zip:			
	Mortgage Company: CitiMor	tgage	Loan #:				
		, hereby relea	ase		_, its affiliates	s, employees,	
icer	s, agents and director from an	y claims that might	arise in connection with this aut	horization	. This authori	zation shall re	emain i
ect	until revoked in writing, or in 6	months, whicheve	er comes first.				
		hereby auth	orizo	and all of its agents, including			
			101126		and an or	its agents, inc	luding
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Co-Borrower Signature

Date:

Borrower Signature:

Date: