



PALMETTO LAW ASSOCIATES, LLC

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(Please return all forms through our secure portal or via fax only.)



AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

Please consider this an authorization to release any information necessary in connection with our upcoming real estate transaction at Palmetto Law Associates, LLC.

A faxed copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

Your prompt reply will help expedite my real estate transaction.

_____ date:_____

Signature – Seller/Borrower

(Live signature required. Do not use DocuSign or other digital signatures.)

XXX-XX-_____

Social Security Number – Last 4 Digits ONLY

_____ date:_____

Signature – Seller/Borrower

(Live signature required. Do not use DocuSign or other digital signatures.)

XXX-XX-_____

Social Security Number – Last 4 Digits ONLY