

Third-Party Authorization Form

To protect your privacy, we require your written consent to discuss any non-public information about your loan with a third party (such as a real estate attorney or title agent).

Complete this entire form. Please write legibly.

1. Property and homeowner information

Loan number: _____
 Homeowner 1 full name: _____ Homeowner 2 full name: _____
 Primary phone: _____ Email: _____
 Mailing address: _____ Property address: _____
 City, state, ZIP: _____ City, state, ZIP: _____

2. Authorized third-party information

Third party legal name: _____

The following checked box indicates the relationship I/we have with the third party:

Personal or legal relationship: Spouse/relative Attorney Other (describe) _____
 Business or contract relationship: Realtor/title company Counseling agency Contractor

Street address: _____ City, state, ZIP: _____
 Phone: _____ ATP password (if applicable): _____

3. Authorization timeframe

Effective immediately and until [MM/DD/YYYY] ____ / ____ / ____:

- This authorization remains in effect unless I/we revoke it in writing. If I/we do not specify an expiration date, the authorization remains in effect until my/our loan's maturity date.
- For personal or legal relationships, the authorization remains in effect for the life of my/our loan, and I/we authorize the third party to make changes to my/our loan account.
- For business or contract relationships, the authorization will not exceed ninety (90) days, but can be less if specified above; or if the expiration date noted above is less than 90 days from the date that Shellpoint receives this completed form.

4. Acknowledgement and consent

I/we authorize the above-referenced third party/parties to obtain and share non-public personal information about and/or make changes to my/our mortgage loan account. I/we understand that Shellpoint will take reasonable action to verify the identity of the third party. But I/we also acknowledge that Shellpoint has no responsibility or liability to verify the third party's identity. Finally, I/we acknowledge that Shellpoint has no responsibility or liability for what any third party does with my/our information.

 Homeowner 1 signature

 Date

 Homeowner 2 signature

 Date

Submit this completed form (along with your *Land Transaction Request Form* and your other required documents) by email or regular mail to one of these addresses:

Email: partialrelease@shellpointmtg.com

Regular mail: Shellpoint Mortgage Servicing
 ATTN: Doc Curative – Land Transactions
 75 Beattie Place, Suite 700
 Greenville, SC 29601