

NEWTON LAW FIRM OF CLEMSON, LLC

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AUTHORIZATION TO RELEASE INFORMATION

I/We are in the process of refinancing/selling/purchasing property. As part of this process, the attorney may obtain payoff statements, insurance or other information in connection with this loan, sale or refinance.

A photographic or facsimiled 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 is appreciated.

Owner s Signature

Social Security Number (SELLER)

Co-Owner s Signature

Social Security Number (SELLER)

Date: _____

CLOSING INFORMATION FOR ATTORNEY

Regarding Property located at:

PURCHASER INFORMATION:

Name: _____

Address: _____

Phone #: _____

Insurance Office/Agent: _____

Phone No: _____

SELLER INFORMATION:

Name: _____

Address: _____

Phone#: _____

SS#: _____

SS#: _____

(if not listed above)

REALTOR:

Does this property have HOA Dues
or Assessments? _____

Contact Person: _____

Phone #: _____

PAYOFF INFORMATION:

Lender: _____

Account #: _____

Phone #: _____

Lender: _____

Account #: _____

Phone #: _____