1.007

To: 7334397

From: OCWEN

Fax: OCHEN

LTOPCALL at: NOV-04-2009-11:36 Doc: 273 Page: 005



Ocwen Loan Servicing, LLC P.O. Box 24737 West Palm Beach, Florida 33416-4737 (Do not send correspondence or payments to the above address)

WWW.OCWEN.COM

EXHIBIT A

	Authorization to Release Information	
Borrower Name:		
Borrower Address:		
Property Address:		
First Mortgage Holder:		
First Mortgage Acct #:		
documentation that may be	on to release to Ocwen Loan Servicing, LLC or its agents and assign requested about the above-referenced loan/account or the above reference, all real estate agents, attorneys, their assistants and junior lien holders al.	ced property. "Agents" shall
Borrower Signature	Social Security Number	
Printed Name	Date	
Borrower Signature	Social Security Number	

Please fax this information to the Home Retention Department at (407) 737-5071.

Notice of Confidentiality:

Printed Name

This is intended solely for the use of the addressee hereof. In addition, this document may contain information that is confidential, privileged or exempt from disclosure requirements under applicable law. If you are not the intended recipient of this document, you are prohibited from reading, disclosing, reproducing, distributing, disseminating or otherwise using the information contained in this document or the document itself. Delivery of this document to any person other than the intended recipient is not intended to waive any right or privilege. If you have received this document in error, please promptly notify the sender.

Date

SSPKEFM.16