

**AUTHORIZATION  
FOR RELEASE OF INFORMATION**

This document authorizes you to release to The Cooperative Finance Association, Inc. any and all information in your care, custody and control concerning the undersigned. The undersigned hereby releases you as the custodian of such records, both individually and collectively, from any and all liability for damages of whatever kind which may result because of compliance with this Authorization For Release of Information. It is expressly agreed that a photocopy of this authorization shall be as valid as an original.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(month) (year)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Full Name (printed)

\_\_\_\_\_  
Full Name (printed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
XXX-XX-  
Social Security No. (last four digits)

\_\_\_\_\_  
XXX-XX-  
Social Security No. (last four digits)

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Company Telephone

\_\_\_\_\_  
Authorized Representative Name and Title (printed)

\_\_\_\_\_  
Company Federal Tax ID

*All applicants complete and sign authorization form. Use additional sheets if necessary.  
Applicants other than sole proprietorship must complete and sign individual information and company information.*