



INDIANA TITLE NETWORK

325 N. Main Street
Crown Point, IN 46307
219-662-8200/ Fax 219-662-6866

Email: _____
Our File No.: _____

AUTHORIZATION TO RELEASE INFORMATION

LOAN NUMBER or CASE NUMBER

Lien Holder Name

Property Address

Lien Holder Contact Phone No.

Good thru Date requested

I/We hereby authorize Indiana Title Network to obtain the payoff or release for the following mortgage, judgment or lien:

Receipt of this notice is hereby acknowledged by signature below.

SOCIAL SECURITY NUMBER

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