

**SAMPLE CONSENT FORM**

*To be faxed directly to Lender Servicer(s) Bankruptcy area(s) from Attorney's Office*

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Name of Law Firm  
Address  
Phone

To: (Name of Lender Servicing Company)  
Mailing Address of Lender Servicing Company

FAX Number of Lender Servicing Company Bankruptcy area:

**ATTORNEY CONSENT**

**RE:** (Name of Borrower(s))  
**BANKRUPTCY CASE:** (state case number)  
**CREDITOR:** (state Lender Servicing Company)  
**ACCOUNT NUMBER:** (state loan number)

In my capacity as counsel for the above-referenced Debtor in the above-referenced bankruptcy case, I hereby authorize (state Lender Servicer), by its agents, to communicate directly with Debtor, with such communications restricted to the subject matter of a workout or loss mitigation alternative with respect to the above-referenced account number. In authorizing the same, it is understood that (state Lender Servicer) shall not communicate with the Debtor on any other issue.

**CONSENTED TO:**

\_\_\_\_\_  
Debtor(s) Attorney – Name of Attorney

Date: \_\_\_\_\_

Debtor(s) can reached at the following number: \_\_\_\_\_.