

**OPERATION RESTORATION**  
**LETTER OF AUTHORIZATION**

Borrower(s), please fill in name(s) of person(s) you are authorizing to speak on your behalf.

To Whom It May Concern:

Re: account: # \_\_\_\_\_ and property located at  
(Loan Number)

Property Address:

\_\_\_\_\_ (Street)

\_\_\_\_\_ (City, State, Zip)

I authorize \_\_\_\_\_ to speak to, and release information to:  
(Name Institution/Service)

\_\_\_\_\_

(Name of Person Being Authorized)

\_\_\_\_\_

(Phone number of Person Being Authorized)

If you have any questions, please contact me (us) at \_\_\_\_\_  
(Borrower Contact Numbers)

and email \_\_\_\_\_.  
(Borrower Email Address, if available)

This authorization is valid until \_\_\_\_\_, 2012.  
(Borrowers, give 6 months)

**Operation Restoration's corporate address is 863 Ormewood Avenue SE, Atlanta, GA 30316. Phone: 404-963-1082. Email address: hope@OperationRest.org. (TIN 3834)**

Sincerely,

Social Security #

\_\_\_\_\_  
Borrower Name (Printed)

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SS #

\_\_\_\_\_  
Co-Borrower Name (Printed)

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SS #

\_\_\_\_\_  
Co-Borrower Name (Printed)

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SS #