



# LETTER OF AUTHORIZATION

DFS Case Number \_\_\_\_\_

## I. Consumer Authorization – Required for all Mortgage Banking & Student Loan complaints

Consumer Name: \_\_\_\_\_ Financial Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Loan Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Additional Info: \_\_\_\_\_

**I/We authorize the respondent to furnish to the Department of Financial Services with any information related to this matter.** I am enclosing copies of correspondence or other papers which I feel would help this investigation. I understand that a copy of this form and some or all of the enclosed information may be sent to the respondent.

Consumer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Co-Borrowers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## II. Representative Authorization – Required only if the complaint is filed by a Representative

Representative Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

This letter confirms my/our designation of the above captioned individual or firm as my/our representative (The Representative) concerning my/our request for assistance (RFA) to the New York State Department of Financial Services (The Department), including (check all that apply):

- The Representative is hereby deemed my/our agent and granted authority to act on my/our behalf;
- The Representative is hereby granted the right of access to information and records; All communications are to be with, and directed to the attention of, my/our Representative, however, this does not preclude my/our intervention.

I/we understand that when releasing information and/or records to an authorized third party, the Department has no authority to control its future use or dissemination. Therefore, I/we release the Department and any officers, agents, or employees, thereof, from any and all liability that may arise out of the Representative's possession and/or use of such information and/ or records.

This written authorization is effective the date signed and will remain in effect for a ONE YEAR period from the date signed below:

Consumer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Co-Borrowers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_ Subscribed and Sworn to before me  
 this \_\_\_\_ day of \_\_\_\_\_ 20\_\_ by \_\_\_\_\_ (name of signer(s))

Notary Signature: \_\_\_\_\_ Seal/Stamp: \_\_\_\_\_