



121 W Fireweed Lane, Suite 150  
Anchorage, AK 99503  
907-272-1541, 907-272-2046  
<https://alaskaescrowservices.com/>

Account No: \_\_\_\_\_

# Third Party Authorization Form

Today's Date: \_\_\_\_\_

Customer(s) Name: (please print) \_\_\_\_\_

Customer(s) Address: \_\_\_\_\_

I/We authorize First Mortgage to provide the following information regarding the above-referenced loan to the Authorized Party listed below:

Access to discuss all information regarding my loan.

Other: \_\_\_\_\_

This Authorization is valid for the following:

Valid 90 days from the date above.

Valid until revoked by the undersigned or when the loan is paid in full.

Authorized Party: (please print) \_\_\_\_\_

Company Name: (if applicable) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Email \_\_\_\_\_

Email \_\_\_\_\_

SSN / EIN \_\_\_\_\_

SSN / EIN \_\_\_\_\_