

AUTHORIZATON TO RELEASE INFORMATION

To Whom It May Concern:

1. I/We have authorized **Learning for Life Center**, Certified Credit Consultants to verify any information contained in my/our credit report and in other documents pertaining to my/our credit report by any creditor or any entity in which there is a debt owed.

2. I/We authorize you to provide information to **Learning for Life Center**, Certified Credit Consultants, any and all information and documentation that is requested as it pertains to my/our credit profile and history.

3. A copy of this authorization may be accepted as an original.

Printed Name

Signature

Date

Printed Name

Signature

Date