



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: _____
Telephone 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 any 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 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: _____