

**PH:813-672-3333 FAX: 813-343-4489**

**Buyers Closing Information Authorization**

**I / WE are buying property at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I / WE hereby authorize Riverview Title to discuss my real estate transaction with:**

**\_\_\_\_\_\_ My Real Estate Agent**

**\_\_\_\_\_\_ My Lender**

**I / We give Riverview Title authorization to release my Closing Disclosure (“CD”) and Combined ALTA Statement**

**\_\_\_\_\_\_\_ To my Real Estate Agent for review prior to close**

**\_\_\_\_\_\_\_ Final Combined ALTA statement**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BUYER BUYER**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**