

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

**Sellers Closing Information Authorization**

**I am Selling my home at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

**\_\_\_\_\_ My Payoff Lender(s)**

**I / WE also authorize Riverview Title to release Closing Disclosures &**

**Combined ALTA Settlement Statements:**

**\_\_\_\_\_ For Review by My Real Estate Agent prior to closing**

**\_\_\_\_\_ Final Closing Disclosure can be released to Lender / Agents**

**Seller: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Seller: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**