

HIPPA AUTHORIZATION TO RELEASE FINANCIAL INFORMATION

PART 1: UNDERSTANDING

I/We, who's signatures appear below, have retained Same Day Lending Inc lending, (Broker/Lender) to obtain financing on my/our behalf for the purchase or refinance of debt on or against real property. I/We hereby authorize the Broker/Lender to secure all information they deem relative with regard to my association/connection/involvement with your firm limited to medical financial information specifically including: release of information regarding unpaid balances due, billings, collection activity, judgments filed with the courts, case numbers, account numbers, court filed documents or other documents relating to the financial element of my/our association with your firm.

Part II General Information

BORROWERS NAME (s):

Effective Date: .

BROKER/LENDER INFORMATION

Same Day Lending -Thomas Lohman

610 N Main St

Layton, Utah 84015

Tel: 801-786-1991 Fax 801-786-1909

Part III Borrower Authorization & Acknowledgement

This authorization specifically limits the information you may give out. Only information relating to financial aspects of my/our relationship with your firm is approved. This approval applies to all financial reports relating to mental health including: psychiatric and psychological evaluations, neuropsychological testing, diagnosis and/or treatment of sexually transmitted diseases, diagnosis and/or treatment for alcohol or drug abuse, from other doctors, hospitals, or health care providers.

REVOCAION: I/We understand that this consent may be revoked in writing at any time, with the exception to the extent that disclosure of information has already occurred prior to the receipt of revocation by you. If written revocation is not received, authorization will be considered valid for a period of time not to exceed 365 days from the date of signing

PART 4: MORTGAGE LOAN APPLICANT'S SIGNATURES

I/We further agree that the transmission of this form as an "Electronic Record" containing my/our signature(s) or a facsimile of my/our signature(s) thereon, shall be as effective, enforceable and valid in authorizing all the above terms and conditions as if a paper version of this application were delivered containing my/our original written signature(s) or a photo copy thereof..

Borrowers Signature & Date

X

Date

SSN#

Co-Borrowers Signature & Date

X

Date,

SSN#

Form UCA 1001/Rev.04/2005

Part IV: NOTARY Verification Of Applicant's Identity

STATE OF UTAH)

COUNTY OF WEBER)

The applicants, whose signature (s) appear above, providing sufficient evidence of identity, subscribed and sworn to before me, a notary public, on this date: _____