

San Juan Center for Independence

1204 San Juan Blvd.
Farmington, NM 87401
505-566-5831

Authorization to Request or Release Confidential Records and information

I hereby authorize: San Juan Center for Independence and Four Corners Community Bank

Address: 1204 San Juan Blvd, Farmington, NM 87401 & 500 W. Main, Farmington, NM 87401

Phone: (505) 566-5831 or (505) 327-3222

To discuss or release the following information in the following formats, e-mail, phone, fax, access to view the loan through online banking or written copy from records or about:

_____ ,

born on, _____ and whose Social Security number is/are

_____ .

All matters related to a consumer's records are considered confidential and are treated as such by the employees of San Juan Center for Independence and Four Corners Community Bank. Information will not be shared or released without the consent of said customer (unless court-ordered to do so.)

This consent will expire at the time the consumer case file is closed or unless consent is withdrawn by the consumer/guardian.

I have had this explained to me and fully understand this request/authorization to release records and information, including the nature of the records, their contents, and the consequences and implications of this release. This request is entirely voluntary on my part. I understand that I may take back this consent at any time.

Consumer signature: x _____

Printed Name: _____

Date: _____

Parent/Guardian signature: _____

Printed Name: _____

Date: _____

Signature of Witness: _____

Printed Name: _____

Date: _____

() Please forward the records/information to the address in the letterhead at the top of this form.

() Please forward the records/information to the address written above.