



Apprisen
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RELEASE OF INFORMATION

Name: _____ Client # _____

I give permission to a representative of Apprisen, to discuss my financial situation and/or release information to the following:

The following information will be released to the above:

The release is granted for the purpose of:

I understand that this authorization will be kept on file for the duration of the debt management program; and/or for a period of no more than 90 days from when authorization is given for a one time release of information for other services.

I further understand that I reserve the right to contact Apprisen and withdraw my consent at any time.

Signed _____
(Client name)

Date of consent _____

Signed _____
(Apprisen Representative)