

**AUTHORIZATION AND WAIVER OF CONFIDENTIALITY**



4035 W. North  
Chicago IL 60639  
P: (773) 342-7575  
F: (773) 342-8528

1915 S. Blue Island  
Chicago IL 60608  
P: (312) 850-2660  
F: (312) 850-2899

9117 S. Brandon  
Chicago IL 60617  
P: (773) 933-7575  
F: (773) 933-7578

To \_\_\_\_\_ Loan # \_\_\_\_\_  
(SERVICER)

This is to notify you that I, \_\_\_\_\_  
(CLIENT NAME / NOMBRE EL CLIENTE)

Residing at \_\_\_\_\_  
(CLIENT ADDRESS / DOMICILIO DEL CLIENTE)

**Adriana Ceballos  
Alicia Gutierrez  
Celena Santiago  
Marta Alarcón  
Ofelia Navarro  
Pilar Van Dusen  
Rodrigo Carrillo**

Authorize Melissa Woiwood of Spanish Coalition for Housing (0578)  
(COUNSELORS' NAME) (AGENCY) (Tax ID)

to act on my behalf regarding \_\_\_\_\_  
(PROGRAM / PROGRAMA)

\_\_\_\_\_  
Client signature/Firma de Cliente

\_\_\_\_\_  
Client signature/Firma de Cliente

Social Security # XXX – XX - \_\_\_\_\_

Social Security # XXX – XX - \_\_\_\_\_

(Date) \_\_\_\_\_

You are authorized to provide any records and information about me and my case including confidential information that my counselor may ask for.