

Commonwealth of the Northern Mariana Islands
Commonwealth Development Authority

AUTHORITY TO RELEASE AND OBTAIN INFORMATION

The undersigned hereby authorize(s) the Commonwealth Development Authority Board, and its staff to obtain from and for and/or to disclose to the Government of the Commonwealth of the Northern Mariana Islands or Federal Government or its designated representative or to other lending institutions all types of information in my loan application file provided by the undersigned, obtained collaterally or originated by CDA in conjunction with the request for financial assistance with CDA. This authorization shall remain in effect during the processing of the loan application and shall also be in effect for the duration of the loan should the loan be consummated.

_____	_____	_____
Print Name and Sign	SSN	Date
_____	_____	_____
Print Name and Sign	SSN	Date
_____	_____	_____
Print Name and Sign	SSN	Date
_____	_____	_____
Print Name and Sign	SSN	Date