



State of North Carolina
Office of the Commissioner of Banks

Roy Cooper
Governor

Ray Grace
Commissioner of Banks

AUTHORIZATION to RELEASE INFORMATION

I, _____, understand that pursuant to N.C.G.S. § 53C-2-7, certain records held by the N.C. Office of the Commissioner of Banks (NCCOB) are confidential including complaints, licensure applications, and related correspondence. I authorize the NCCOB to release confidential information to the third parties listed below. I may also disclose any such information directly to a third party without completing this authorization form. **Please type or print the information requested below.**

NCCOB Records

Complaint No.: _____

If applicable, please provide the following information:

Loan/Account No.: _____

Company Name: _____

Company License No./NMLS ID No., if known: _____

NMLS ID No.: _____

Your Information

Name: _____

Address: _____

City/State/Zip: _____

Mailing address, if different from above: _____

Telephone: _____

Email: _____

Signature: _____

Date of Authorization: _____

Location: 316 W. Edenton Street, Raleigh, NC 27603
Mailing Address: 4309 Mail Service Center, Raleigh, NC 27699-4309 (919) 733-3016 Fax (919) 733-6918 Internet: www.nccob.org
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Authorized Third Party Information (Please Type or Print)

Name: _____

Company: _____

Title: _____

Telephone: _____

E-mail: _____

Name: _____

Company: _____

Title: _____

Telephone: _____

E-mail: _____