Jewish Family Service of St. Paul
1633 West 7th Street
St. Paul, MN 55102
Tel. (651) 698-0767 Fax.(651) 651-598-0162

Jewish Family and Children's Service of Minneapolis
13100 Wayzata Blvd., Suite 400
Minnetonka, MN 55305
Tel.(952) 546-0616 Fax.(952) 593-1778

Jewish Free Loan Program
CO-SIGNER INFORMATION RELEASE AUTHORIZATION

LOAN APPLICANT NAME:_____

I, the undersigned, have agreed to be a co-signer in conjunction with a proposed loan by the Jewish Free Loan Program to _____, the applicant. I hereby authorize the Jewish Free Loan Program and its agents to investigate any references, statements or other data obtained from me or from any other person pertaining to my credit and financial responsibilities. A true and correct copy of this authorization shall be sufficient authorization to any person, company or organization to furnish any information requested. This authorization will remain in effect until such time as the loan is completely repaid.

_____

Co-Signer Print Signature

_____ _____ _____

Co-Signer Sign Date Social Security #

I, the undersigned, have agreed to be a co-signer in conjunction with a proposed loan by the Jewish Free Loan Program to _____, the applicant. I hereby authorize the Jewish Free Loan Program and its agents to investigate any references, statements or other data obtained from me or from any other person pertaining to my credit and financial responsibilities. A true and correct copy of this authorization shall be sufficient authorization to any person, company or organization to furnish any information requested. This authorization will remain in effect until such time as the loan is completely repaid.

_____

Co-Signer Print Signature

_____ _____ _____

Co-Signer Sign Date Social Security #