

CCCS of West Georgia / East Alabama,
a program of The Family Center of Columbus, Inc.
P. O. Box 1825, Columbus, GA 31902

Credit Counseling Authorization and Release

I have received a copy, read, and understand the following disclosures and information regarding counseling services:

- Client Bill of Rights
- Statement of Services
- Complaint Resolution Process
- Non-Discrimination Policy
- Privacy Policy
- Pre-Bankruptcy Counseling Disclosure
- Foreclosure Mitigation Counseling Disclosure
- Fees for Services

Releases:

I hereby authorize CCCS of West Georgia / East Alabama to release all non-public information it obtains about me to (1) my creditors and (2) any third parties necessary to resolve the matter(s) discussed during my counseling session. I further release and authorize all of my creditors to provide non-public information about me to this agency.

I, by my signature below, authorize Consumer Credit Counseling Service of West Georgia / East Alabama ("CCCS"), a program of The Family Center, to obtain a copy of my credit report on my behalf. I understand that CCCS may utilize www.annualcreditreport.com to obtain my free credit report, if I am eligible. The cost of receiving a printed copy of the free credit report will be \$3.00 per report.

I understand that CCCS is only providing this information at my request for financial counseling and educational purposes only. I understand that CCCS does not report or disclose any information regarding my financial situation to credit reporting agencies. CCCS has no responsibility or obligation for any past, present, or future credit ratings I receive. I release CCCS, The Family Center, and its employees, officers, and agents harmless from any claim, suit, action, or demand of us or any other person arising from the financial counseling session herewith presented.

I understand that a counselor will review my credit report and answer any questions on how to read the information contained in the credit report. I understand that a counselor does not give legal advice but can offer referrals for appropriate assistance. Any information discussed at my appointment is strictly confidential. I understand that if I have specific questions regarding any incorrect information contained in my credit report, I must contact the credit reporting agencies shown on the credit report. I authorize CCCS to maintain a copy of my report on file for up to two years, but that the contents of my credit report will be used by CCCS only for the purposes of providing services to me.

If I participate in a Debt Management Plan (DMP) with CCCS, I authorize CCCS to maintain a copy of the credit report in my confidential file for any future questions I may have or for internal use in the provision of DMP services. If I participate in foreclosure mitigation counseling, I give permission for the National Foreclosure Mitigation Counseling (NFMC) program administrators and/or their agents to pull my credit report up to two additional times between now and June 30, 2012 and to give authorization for NFMC program administrators and/or their agents to follow-up with me between now and June 30, 2012 for the purposes of program evaluation.

Applicant

Print Name: _____

Signature: _____

Co-Applicant

Print Name: _____

Signature: _____