

**Michael G. Malaier**  
**CHAPTER 13 TRUSTEE**

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2122 Commerce Street | Tacoma, Washington 98402 | p: (253) 572-6600 | f: (253) 650-0580 | www.chapter13tacoma.org

Case No: \_\_\_\_\_

**DEBTOR AUTHORIZATION FOR RELEASE OF SOCIAL SECURITY NUMBER TO CREDITOR WITH FILED PROOF OF CLAIM, AND FOR PERMISSION TO CREDITOR(S) TO PROVIDE INFORMATION TO THE OFFICE OF THE CHAPTER 13 TRUSTEE.**

By Signature below, the debtor(s) authorize the office of the Chapter 13 Trustee to provide and receive information from creditors including mortgage creditors, their successors or assigns, including information regarding mortgage loans, as it pertains to the administration of the Chapter 13 Plan. This information includes authorization to provide debtor's social security number to the creditor to verify that the details pertain to the exact case and/or claim, or if a creditor cannot apply funds disbursed by the trustee because an account number on the proof of claim is not complete or because the account number does not match the creditor's records or for other similar reasons.

Email address will be used only for notices from the Trustee and all such notices will be transmitted to your attorney, if applicable.

\_\_\_\_\_  
Debtor 1 Name

Date: \_\_\_\_\_

\_\_\_\_\_  
Debtor 1 Signature

\_\_\_\_\_  
Email

\_\_\_\_\_  
Debtor 2 Name

\_\_\_\_\_  
Debtor 2 Signature

\_\_\_\_\_  
Email