



State of North Carolina

OFFICE OF THE COMMISSIONER OF BANKS

Form NCCOB-001

(Rev. 08/01/2025)

AUTHORIZATION to RELEASE INFORMATION

I, the undersigned, understand that pursuant to N.C.G.S. § [53C-2-7](#), certain records held by the North Carolina Office of the Commissioner of Banks (NCCOB) are confidential including complaints, licensing applications, and related correspondence. I authorize the NCCOB to release confidential information to the third parties identified below. **Please type or print the information requested below.**

NCCOB Records to be Released:

Name of Company or Individual: _____

Include as much of the following information as possible:

Application Number	
License Number	
NMLS Number	
Complaint Number	

Your Information

Name	
Address	
City, State, Zip	
Mailing address (if different)	
Telephone Number (where you can be reached during business hours)	
Email Address	
Signature	
Date of Authorization	

Authorized Third Party (Please Type or Print)

Name of Individual	
Company	
Title	
Telephone Number (where the individual can be reached during business hours)	
Email Address	

Name of Individual	
Company	
Title	
Telephone Number (where the individual can be reached during business hours)	
Email Address	

RESCIND AUTHORIZATION

To rescind this authorization, make a copy of the original, and sign and date below. *Please indicate which third party authorization is being rescinded if more than one is listed above.*

Signature	
Date	