

**Request for Release of  
Documents**

**U.S. Department of Housing  
and Urban Development**  
Government National Mortgage Association

OMB Approval No. 2503-0033(Exp. 11/30/2008)

Public reporting burden for this information collection is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The information is required by Sec. 306(g) of the National Housing Act or by Ginnie Mae Handbook 5500.3, Rev. 1. The purpose of this document is to provide issuers the opportunity to request the release of mortgage documents held by the document custodian. The information collected will not be disclosed except as permitted by law.

To Document Custodian

Date Prepared by Issuer

In connection with the administration of the pool or loan package of mortgages held by you in custody for the Government National Mortgage Association, the undersigned Issuer requests the release of the mortgage documents described below for the reason indicated. All documents to be released to the Issuer shall be held in trust by the Issuer for the benefit of Ginnie Mae and the applicable securities holders, and the Issuer's possession of such documents shall be at the will of Ginnie Mae and such securities holders solely for the purpose indicated below. The Issuer shall return the documents to the document custodian when the Issuer's need thereof no longer exists, except where the mortgage is paid in full or otherwise disposed of in accordance with the Ginnie Mae Mortgage-Backed Securities Guide, Rev. 1.

**Mortgagor's Name, Address and Zip Code**

Pool Number


	Issuer Loan Number
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**Reason For Requesting Documents:**

Enter Reason Number \_\_\_\_\_

Settlement/Expected Return Date

1. Mortgage Paid in Full

2. Repurchase of Delinquent Loan

3. Foreclosure – with Claim Payment

4. Loss Mitigation

5. Substitution

6. Other

Issuer Signature

Issuer Name

Issuer ID Number

**To Document Custodian:** Please acknowledge by your signature the execution of the above request. You must retain this form for your file in accordance with the terms of the Master Custodial Agreement. A copy of this form, signed and dated by you, shall be given to the Issuer.

Authorized Signature of Document Custodian

Document Custodian Number

Document Release Date

**Return of Released Document(s)**

All Documents Released have been Returned.

Authorized signature of Document Custodian

Date Document was Returned