

## ECMC Borrower's Authorization to Disclose Information

I understand information maintained in my student loan records may be protected from unauthorized disclosure under applicable federal and/or state law. I hereby authorize Educational Credit Management Corporation (ECMC) to disclose all information about my student loan account(s) without limitations to the following person(s) and/or organization(s):

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NAME, PHONE and RELATIONSHIP

This authorization is valid until revocation from me in writing is received and recorded by ECMC. I release ECMC, its officers, employees, contractors, affiliates and related personnel, both individually and collectively, from any and all liability for claims related to or arising out of any disclosure to the above-mentioned person(s) and/or organization(s). I state, under penalty of perjury, that I am the individual whose records are covered by this authorization.

*Printed or typed:*

FULL NAME: \_\_\_\_\_

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: XXX-XX-\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE and ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

SIGNATURE OF BORROWER: \_\_\_\_\_

DATE OF THIS AUTHORIZATION: \_\_\_\_\_

*A faxed copy of this signed authorization is as valid as the original.*

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Please return to:  
Educational Credit Management Corporation (ECMC)  
P.O. Box 16408  
St. Paul, MN 55116-0408  
Fax: 877-645-7479



# United States Department of Education

## Certification of Identity & Authorization to Disclose Personal Information

**Privacy Act Statement.** Department regulations require a person who submits a written request for access or disclosure of records to submit personal data sufficient to identify the individual submitting the request. 34 C.F.R. Section 5b.5(b). We solicit the information requested here in order to ensure that the records of individuals who are the subject of Department systems of records are not wrongfully disclosed by the Department. If you fail to furnish this information we will take no action to honor your request. Required information is indicated in CAPS.

FULL NAME OF REQUESTER: [PLEASE PRINT] \_\_\_\_\_

ADDRESS: [STREET] \_\_\_\_\_

[CITY] \_\_\_\_\_ [STATE] \_\_\_\_\_ [ZIP] \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

SOCIAL SECURITY NUMBER: <sup>1</sup> \_\_\_\_\_ DATE OF BIRTH: [MM/DD/YY] \_\_\_\_\_

## Authorization to Disclose Personal Information to Another Person

I authorize the Department of Education and its agents to release to, and discuss with, the individual named below as my representative, any records of the Department regarding my student financial assistance loan or grant obligation(s) to the Department, for the purpose of assisting me in satisfying the obligation:

FULL NAME OF REPRESENTATIVE: \_\_\_\_\_

ADDRESS: [STREET] \_\_\_\_\_

[CITY] \_\_\_\_\_ [STATE] \_\_\_\_\_ [ZIP] \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ [Relationship To Requester] \_\_\_\_\_

I authorize the Department to honor this authorization unless and until I revoke it in a written notice and the designated office of the Department receives that notice. I understand that whenever requesting disclosure of information, the representative named here must submit information to verify his or her identity.

I UNDERSTAND THAT IN ORDER TO VERIFY HIS OR HER IDENTITY WHEN MAKING A REQUEST FOR DISCLOSURE BY TELEPHONE, THE REPRESENTATIVE MAY BE REQUIRED TO PROVIDE MY SSN, DOB, AND THE DATE ON WHICH I SIGNED THIS AUTHORIZATION.

I declare under penalty of perjury that I am the person named above as the requester, that I authorize release to the individual named as representative, and that the statements I provided here are true and accurate. I understand that any false statement is subject to punishment under 18 U.S.C. Section 1001 by fine or imprisonment of not more than five years, and that a knowing and willful request made under false pretenses for a record of an individual is subject to punishment under 5 U.S.C. Section 552a(i)(3) by a fine of up to \$5000.

DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

<sup>1</sup> You are not required to provide your SSN or DOB. However, we ask you to provide your SSN and DOB only to facilitate the identification of records relating to you, and unless you provide your SSN and DOB, we may be unable to locate any or all records pertaining to you.

Completed authorizations should be mailed to:

US DEPARTMENT OF EDUCATION  
PO BOX 5609  
GREENVILLE TX 75403-5609



### Authorization for Release of Information

Complete this application and return it to American Education Services (AES) to allow us to provide the person(s) named below full access to data pertaining to your AES serviced loans for the purpose of assisting you in resolving AES account related issues.

#### Section 1: Borrower/Recipient Identification

Name:  Account Number

#### Section 2: Third Party Identification

##### Party 1:

Name  Relationship

Street Address:

City  State  Zip Code

Telephone

##### Party 2:

Name  Relationship

Street Address:

City  State  Zip Code

Telephone

#### Section 3: Borrower/Recipient Authorization and Signature

I hereby authorize the Pennsylvania Higher Education Assistance Agency ("PHEAA"), also conducting operations as American Education Services ("AES") to release information about my account, including personally identifying information and my relationship with AES to the named individual(s). I understand and agree that by authorizing AES to release any and all information to the individual(s) named, I assume full responsibility for the named individual(s) having access to any information maintained by AES relating to me. **It is my responsibility and not that of AES to revoke my authorization(s) if at any time I no longer wish to authorize AES to release information about me to the individual(s) designated. I acknowledge that this authorization allows the named individual(s) to obtain any/all data and information contained in my AES administered student loan record.** I hereby expressly agree that AES shall not be responsible for any damages in any form so arising that I may incur related to my authorization(s) of AES to release information to the named individual(s). Completion of this form also provides permission to accept information concerning changes to my address and/or telephone number from the individual(s) identified. **This authorization does not release me from my obligation to make payments on my loan(s).**

Date

\_\_\_\_\_  
Borrower/Recipient Signature

Send Completed form to: AES  
P.O. Box 2461  
Harrisburg, PA 17105-2461

Or Fax to: 717-720-3916



### Authorization for Release of Information

Complete this application and return it to FedLoan Servicing to allow the person(s) stated below to have access to all data contained in your FedLoan Servicing-administered loan or TEACH Grant record for the purposes of assisting you in resolving FedLoan Servicing related issues.

#### Section 1: Borrower/Recipient Identification

Name:  Account Number

#### Section 2: Third Party Identification

##### Party 1:

Name  Relationship

Street Address:

City  State  Zip Code

Telephone

##### Party 2:

Name  Relationship

Street Address:

City  State  Zip Code

Telephone

#### Section 3: Borrower/Recipient Authorization and Signature

I hereby authorize FedLoan Servicing to release information about my account, including personally identifying information and my relationship with FedLoan Servicing to the individual(s) listed above. I understand and agree that by authorizing FedLoan Servicing to release any and all information to the individual(s) named and listed above. I assume full responsibility for the named individual(s) having access to any information maintained by FedLoan Servicing relating to me. **It is my responsibility to revoke my authorization(s) if at any time I no longer wish to authorize FedLoan Servicing to release information about me to the individual(s) listed above. I acknowledge that this authorization allows the named individual(s) to obtain any/all data and information contained in my FedLoan Servicing-administered student aid record.** I hereby expressly agree that FedLoan Servicing shall not be responsible for any damages in any form arising that I may incur related to my authorization(s) of FedLoan Servicing to release information to the individual(s) listed above. Completion of this form also provides permission to accept information concerning to my address and/or telephone number from the individual(s) listed above. **This authorization does not release me from my obligation to make payments on my loan(s).**

Date

\_\_\_\_\_  
Borrower/Recipient Signature

Send Completed form to: FedLoan Servicing  
P.O. Box 69184  
Harrisburg, PA 17106-9184  
  
Or Fax to: 717-720-1628



U.S. Department of Education  
Information about your federal student loan

## Release of Authorization Form

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

\*If you do not have your account number, please provide your Social Security number:

Phone: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Thank you for your recent request to release your student loan account information to a third party. In order for Nelnet to release account information, we must receive your written permission to do so.

Please complete the information on this page and upload it by logging in to [Nelnet.com](http://Nelnet.com) and selecting Documents. Then choose Upload Documents and Forms. Or send this page to Nelnet via email ([SubmitMyForms@Nelnet.net](mailto:SubmitMyForms@Nelnet.net)), or mail to:

Nelnet  
Attn: Enrollment Processing  
P.O. Box 82565  
Lincoln, NE 68501-2565

### Release of Authorization

I authorize Nelnet to release any information related to my student loan account to:

\_\_\_\_\_  
Individual or agency name (please print)

I understand that I may, at any time, withdraw this directive as long as I do so in writing.

I certify that I am the subscriber to the provided cellular or other wireless number and I authorize Nelnet and its representatives and agents to contact me regarding servicing or repaying my loan(s) at any current and future numbers that I provide for my cellular telephone or other wireless device using automatic dialing systems, artificial or pre-recorded messages, and/or SMS text messages, even if I will be charged by my service provider(s) for receiving such communications.

Borrower signature: \_\_\_\_\_ Date: \_\_\_\_\_