08/08

INFORMATION RELEASE FORM

ACCOUNT NUMBER _____

BORROWER'S NAME _____

ADDRESS_____

_____

EMAIL ADDRESS _____

TELEPHONE NUMBER (_____) _____-_____ ALTERNATE TELEPHONE (_____) _____-_____

RETURN COMPLETED FORM TO:

EDFINANCIAL SERVICES
P.O. BOX 36014
KNOXVILLE, TN 37930-6014
FAX: (865) 692-6386

Questions? Call 1-800-337-6884

Edfinancial Services is committed to assisting our customers. We value all of our customers' privacy and take steps to ensure your records are maintained in a secure environment. We require your written consent to reveal your account information to anyone other than yourself, your attorney or your endorser/cosigner. For your protection, if you would like anyone other than yourself to be able to discuss specific loan information, please complete and return this form to Edfinancial Services. If you choose at a later date to rescind this authorization, you will need to provide that request in writing.

Please note this form only authorizes the release of information; it does not give authorization to make changes on the account such as deferments, forbearances or due date changes. Only the borrower or an agent authorized by Power of Attorney can request these changes to an account. If you want the authorized third party to be able to make these changes, please also include a copy of the Power of Attorney when returning the form.

I authorize Edfinancial Services to reveal written or verbal information on my education loan(s) to:

_____

LAST NAME **FIRST NAME** **M.I.** **RELATIONSHIP***

_____

STREET ADDRESS **CITY** **STATE** **ZIP**

_____

PHONE NUMBER **CUSTOMER ACCOUNT NUMBER**

_____

BORROWER'S SIGNATURE (REQUIRED) **DATE**

*IF THIRD PARTY IS NOT RELATED, THE FOLLOWING INFORMATION IS REQUIRED:

_____

NAME **TITLE** **INSTITUTION / ORGANIZATION**