INFORMATION RELEASE FORM

ACCOUNT NUMBER _____

CUSTOMER NAME _____

ADDRESS _____

_____

EMAIL ADDRESS _____

TELEPHONE NUMBER _____ **ALTERNATE TELEPHONE** _____

RETURN COMPLETED FORM TO:

EDFINANCIAL SERVICES
P.O. BOX 36014
KNOXVILLE, TN 37930-6014
FAX: 1.800.887.5936

Questions? Call 1.800.337.6884 or contact us at www.edfinancial.com/contact.

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.

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 account holder 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:

_____
INDIVIDUAL OR AGENCY NAME

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

_____ _____
PHONE NUMBER **RELATIONSHIP**

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

☐ I expressly authorize Edfinancial and its representatives and related companies to contact me about my account at any phone number associated with me, including cellular and wireless phones, and to contact me using automatic dialing systems, artificial or prerecorded messages, text messages, or e-mail.

_____ _____
CUSTOMER'S SIGNATURE (REQUIRED) **DATE**