



INFORMATION RELEASE FORM

ACCOUNT NUMBER _____

EMAIL ADDRESS _____

CUSTOMER NAME _____

PHONE NUMBER _____

ADDRESS _____

ALTERNATE PHONE _____

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. If you would like us to release your student loan account information to a third party, please complete and return this form to us. Once you complete this form, you may submit it electronically through your online account at Edfinancial.com. You may also mail or fax the form using the contact information below:

Edfinancial Services
P.O. Box 36014
Knoxville, TN 37930-6014
Fax: 800-887-5936 (toll-free)
Fax: 865-692-6386

Please note this form only authorizes the release of information; only the account holder or an agent authorized by Power of Attorney can request changes to an account. If you want the authorized third party to be able to make changes, please also include a copy of the Power of Attorney when returning the form.

I authorize Edfinancial Services to release information on my student loan account to:

INDIVIDUAL OR AGENCY NAME

PHONE NUMBER

RELATIONSHIP

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 wireless number, and 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 email.

CUSTOMER'S SIGNATURE (REQUIRED)

DATE