

ECMC
Borrower's Authorization to Disclose Information

I understand that 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 information about my student loan account to the following person(s) and/or organization(s):

NAME, PHONE, and RELATIONSHIP

I authorize disclosure of computer information and/or documents related to my student loan records, EXCEPT for the following:

This authorization is valid until revoked in writing to ECMC. I release ECMC, its officers, employees or related personnel, both individually and collectively from all liability for claims arising out of this disclosure. 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 & ZIP: _____

TELEPHONE NUMBER: _____

SIGNATURE OF BORROWER: _____

DATE OF THIS AUTHORIZATION: _____

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

Please return to:
Educational Credit Management Corporation
P.O. Box 75906
St. Paul, MN 55175
Fax: 651-325-3195