

ECMC

1 Imation Place, Building 2
Oakdale, MN 55128

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(s)	Telephone number	Relationship
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I authorize disclosure of computer information and/or documents related to my student loan records, EXCEPT for the following (attach additional sheets as necessary):

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. (Please print or type.)

Full name	XXX-XX-_____
	Last four digits of SSN

Date of birth	Telephone number
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Street address

City	State	Zip
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Signature of borrower	Date of this authorization
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Please return this form to:

ECMC
Attn: Account Servicing
P.O. Box 75906
St. Paul, MN 55175
Fax: 1-877-645-7479

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