

# ECMC

111 South Washington Avenue  
Suite 1400  
Minneapolis, MN 55401

## 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(s)	Relationship
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I authorize disclosure of computer information and/or documents related to my student loan records.

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-\_\_\_\_\_  
four digits of SSN

Date of birth \_\_\_\_\_ Telephone number \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of borrower \_\_\_\_\_ Date of this authorization \_\_\_\_\_

Please return this form to:

ECMC  
Attn: Bankruptcy  
P.O. Box 16408  
St. Paul, MN 55116-0408  
Fax: 1-877-865-9741

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