

ECMC Borrower's Authorization to Disclose Information

I understand 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 all information about my student loan account(s) without limitations to the following person(s) and/or organization(s):

NAME, PHONE and RELATIONSHIP

This authorization is valid until revocation from me in writing is received and recorded by ECMC. I release ECMC, its officers, employees, contractors, affiliates and related personnel, both individually and collectively, from any and all liability for claims related to or arising out of any disclosure to the above-mentioned person(s) and/or organization(s). 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 and 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 (ECMC)
P.O. Box 16408
St. Paul, MN 55116-0408
Fax: 877-645-7479