

Address Change Request Form

Please complete this form entirely so that your records are updated accurately. Submit the form when you are ready to start receiving mail at your new address.

Account Number:		
Name:		
Email Address (optional):		
Telephone (primary):	Telephone (alternate): _	
Section 2: Previous/Current	Address	
Address 1:		
		ZIP:
Section 3: New Address		
Address 1 :		
Address 2:		
		ZIP:
Authorization		
to contact me regarding my loan(s), in	guarantor, the U.S. Department of Educatior cluding repayment of my loan(s), at the curr vice using automated phone dialing equipm	
Borrower's Signature		Date:

Return completed form to:

Aspire Servicing Center P.O. Box 659705 West Des Moines, IA 50265-0970 Phone: (800) 243-7552

Fax: (515) 223-9535