

Third-Party Authorization Form

Please read entire form before signing.

Aspire Servicing Center^{sм} requires your written consent to disclose information regarding your student loans to another person. Without this written consent, Aspire Servicing Center cannot release information to a third party.

If you would like an Aspire Servicing Center representative to discuss specific loan information with another person you name, complete and return this form. This Authorization will remain in effect as long as your account is less than 10 days past due. A new form will be required after the first 10-day delinquency or whenever a new loan is initially disbursed.

Section 1: Borrower Information

Account Number:				
Name:				
Email Address (optional):				
Address:	City:	State:	ZIP:	
Telephone – Primary:	Teleph	Telephone – Alternate:		
Secti	on 2: Third-Party Infor	mation		
Name:	Relatio	Relationship to Borrower:		
Address:	City:	State:	ZIP:	
Telephone – Primary:	Teleph	Telephone – Alternate:		
	Section 3: Authorizati	ion		
I authorize Aspire Servicing Center to c named above. I understand the individ assistance on my account; this remains authorization at any time by contacting	ual named above will not l s my sole responsibility. I	oe able to authorize o	changes or	
I authorize the school, the lender, the gagents and contractors to contact me ror any future number that I provide for dialing equipment or artificial or prerect	egarding my loans, includ my cellular phone or othe	ing repayment of my r wireless device usir	loans, at the current	
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) 471-3983

Electronic submission: www.AspireServicingCenter.com/submit For more information, visit our website at: www.AspireServicingCenter.com