



## Third-Party Authorization Form

Please read entire form before signing.

Aspire Servicing Center<sup>SM</sup> 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: \_\_\_\_\_ Telephone – Alternate: \_\_\_\_\_

### Section 2: Third-Party Information

Name: \_\_\_\_\_ Relationship to Borrower: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone – Primary: \_\_\_\_\_ Telephone – Alternate: \_\_\_\_\_

### Section 3: Authorization

I authorize Aspire Servicing Center to disclose written or verbal information on my account to the individual named above. I understand the individual named above will not be able to authorize changes or assistance on my account; this remains my sole responsibility. I understand I may revoke the individual's authorization at any time by contacting Aspire Servicing Center.

I authorize the school, the lender, the guarantor, the U.S. Department of Education and their respective agents and contractors to contact me regarding my loans, including repayment of my loans, at the current or any future number that I provide for my cellular phone or other wireless device using automated phone dialing equipment or artificial or prerecorded voice or text messages.

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](http://www.AspireServicingCenter.com/submit)

For more information, visit our website at: [www.AspireServicingCenter.com](http://www.AspireServicingCenter.com)