

## **Third-Party Authorization Form**

Please read entire form before signing.

Aspire Servicing Center<sup>™</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:		
Secti	on 2: Third-Party Infor	mation	
Name:	Relationship to Borrower:		
Address:	City:	State:	ZIP:
Telephone – Primary:	Telephone – Alternate:		
	Section 3: Authorization	on	
I authorize Aspire Servicing Center to named above. I understand the individ assistance on my account; this remain authorization at any time by contacting	ual named above will not b s my sole responsibility. I u	e able to authorize c	hanges or
I authorize the school, the lender, the g agents and contractors to contact me r or any future number that I provide for dialing equipment or artificial or prerec	egarding my loans, includi my cellular phone or other	ng repayment of my wireless device usin	loans, at the current
Borrower's Signature:		Dat	e:
	Return completed form t		

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