

Information Release Form

Aspire Servicing Center is committed to ensuring your privacy and maintaining your loan records in a secure manner. We will not disclose any information pertaining to your loan records to anyone but you, your co-signer or endorser (if applicable), and those we are required to share information with such as your school(s), lender(s), and each of their agents.

Therefore, we require your written consent to discuss your education loan information with anyone else. If you would like to authorize someone to discuss your specific loan information with us, please complete this form and return it by fax to 515-471-3980 or by mail to Aspire Servicing Center, P.O. Box 659705, West Des Moines, IA 50265-0970. For faster processing, securely upload the application and required documentation through your online account at <https://portal.studentloan.org>.

Borrower Information

Borrower Name: _____ Account Number: _____

Borrower Address: _____ Telephone #: _____

_____ Email Address: _____

Authorized Individual

Complete this section to allow an individual access to your education loan records. *You must complete a separate Information Release Form for each individual or institution that you consent to allow access to your education loan records.*

Name: _____ Relationship: _____

Address: _____ Telephone #: _____

_____ Email Address: _____

Authorized Institution / Organization

Complete this section to allow an Institution/Organization access to your education loan records. *You must complete a separate Information Release Form for each individual or institution that you consent to allow access to your education loan records.*

Institution / Organization: _____ Contact: _____

Address: _____ Title: _____

_____ Telephone #: _____

Authorization Acknowledgment

By signing below, I authorize Aspire Servicing Center to reveal written or verbal information on my education loan(s) to the individual or institution/organization listed above.

Borrower Signature

Date