

Cosigner Release Application

Please read entire application before signing.

I request to have the cosigner(s) listed on my eligible private student loan(s) released from the obligation to repay my loan(s). I understand that my request will be approved **if** 1) my loan program permits a cosigner release, 2) I have demonstrated a satisfactory history of making the required number of consecutive, scheduled principal and interest payments prior to the submission of this application, and 3) I meet the other eligibility requirements as described in the Credit Agreement(s) that I signed. Consequently, some of my loans may allow for cosigner release, while others may not and if my application is approved, you will release my cosigner(s) from all my loans where cosigner release is currently an option.

Complete both pages of this application and submit them along with copies of the document(s):

- If you are employed, you must submit a copy of your most recent pay stub and all Form W-2 documents for each of the prior two years.
- If you are self-employed, you must submit a copy of your tax returns with applicable schedules for each of the prior two years.
- If you are retired, you must submit proof of your retirement income (e.g., 1099 tax form, pension/annuity/Social Security disbursement letter or monthly statement).

Account Number:	
Name:	
Date of Birth:Social Security Nu	
Email Address (optional):	
Phone – Primary:Phone – Al	ternate:
Employer (optional):Phone – W	ork:
Gross Annual Salary: Additional Income*:	Source*:
* Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.	
Monthly Housing Payment (rent amount if you do not have a mortgage):	
Monthly Alimony or Child Support Payments:	

Section 1: Borrower Information

Section 2: Authorization

I acknowledge and agree that:

- By making this request, I authorize you to obtain a credit report to determine whether I have a satisfactory credit history and the ability to assume full responsibility of the loan individually.
- I am providing proof of my gross monthly income (e.g., a copy of a recent paystub and W-2s, or previous two years' tax returns or retirement income).
- I may need to submit additional information for your evaluation.
- In order to be approved for cosigner release, my account(s) must be current and all contact information must be valid at the time my request is processed with Aspire Servicing Center and my lender.
- By releasing my cosigner(s), you are not releasing me from my loan obligation(s). In making this request, I agree to comply with and fulfill all of my obligations under my loan's credit agreement.
- I may be contacted at any of the phone numbers listed on this form.
- Only I may apply for cosigner release, and if this application is completed by a cosigner you will **not** approve the request for a cosigner release.

I declare that the information provided above is true and complete to the best of my knowledge and belief. I understand and agree that you may obtain a consumer report in connection with this request. I understand and agree that you will notify both me and my cosigner of the decision on this application if it is approved.

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 loan(s), including repayment of my loan(s), 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:

Please sign, date and return this completed form (both pages) along with copies of:

- If you are employed, you must submit a copy of your most recent pay stub **and** all Form W-2 documents for each of the prior two years.
- If you are self-employed, you must submit a copy of your tax returns with applicable schedules for each of the prior two years.
- If you are retired, you must submit proof of your retirement income (e.g., 1099 tax form, pension/annuity/Social Security disbursement letter or monthly statement).

Mail: Aspire Servicing Center P.O. Box 659703 West Des Moines, IA 50265-0970

Fax: (515) 471-3996

Electronic Submission: www.AspireServicingCenter.com/submit

For more information, visit our website at: www.AspireServicingCenter.com/release