



Address Change Request Form

Please complete this form entirely so that your records are updated accurately. Submit the form when you are ready to start receiving mail at your new address.

Section 1: Borrower Information

Account Number: _____
Name: _____
Email Address (optional): _____
Telephone (primary): _____ Telephone (alternate): _____

Section 2: Previous/Current Address

Address 1: _____
Address 2: _____
City: _____ State: _____ ZIP: _____

Section 3: New Address

Address 1 : _____
Address 2: _____
City: _____ State: _____ ZIP: _____

Authorization

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.

Signature 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

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