

Third-Party Authorization Form

Please read entire form before signing.

Aspire Servicing Center[™] 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:	Telepho	Telephone – Alternate:		
Secti	ion 2: Third-Party Inform	nation		
Name:	Relation	Relationship to Borrower:		
Address:	City:	State:	ZIP:	
Telephone – Primary:	Telepho	ne – Alternate:		
	Section 3: Authorizatio	n		
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 be s my sole responsibility. I ur	e able to authorize c	hanges or	
I authorize the school, the lender, the g agents and contractors to contact me is or any future number that I provide for dialing equipment or artificial or prerec	regarding my loans, includin my cellular phone or other v	g repayment of my wireless device usin	loans, at the current	
Borrower's Signature:		Date:		
We	Return completed form to Aspire Servicing Cente P.O. Box 659705 est Des Moines, IA 50265-0 Phone: (800) 243-7552	er		

Fax: (515) 471-3983 Electronic submission: www.AspireServicingCenter.com/submit For more information, visit our website at: www.AspireServicingCenter.com