



## Third-Party Authorization Form

Dear Customer,

CollegelInvest requires your written consent to disclose information regarding your Federal Family Education Loan Program and/or Alternative Loan(s) to another person. Without this written consent, we can not release information to a third party. If you would like a CollegelInvest representative to discuss specific loan information with another individual you have named, complete and return the information release form below.

Although anyone other than you can make payments on your student loan(s), the loan(s) will remain in your name and social security/account number. All correspondence and payments must have your social security/account number noted on them.

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I authorize CollegelInvest to disclose written or verbal information on my student loan account(s) to:

\_\_\_\_\_  
Third-Party Last Name

\_\_\_\_\_  
Third-Party First Name

\_\_\_\_\_  
Third-Party M.I.

\_\_\_\_\_  
Relationship to Borrower

\_\_\_\_\_  
Third-Party Street Address

\_\_\_\_\_  
Third-Party City

\_\_\_\_\_  
Third-Party State

\_\_\_\_\_  
Third-Party ZIP Code

\_\_\_\_\_  
Third-Party Telephone Number

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Borrower's Printed Full Name

\_\_\_\_\_  
Borrower's Account Number

**Please mail completed form to:**  
CollegelInvest  
Ashford II Building  
6775 Vista Drive  
West Des Moines, IA 50266-9305  
(800) 886-1981