



## Third-Party Authorization Form

Please read entire form before signing.

Aspire Servicing Center<sup>SM</sup> requires your written consent to disclose information regarding your federal or private 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 the information release below.

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

**For Private Loans Only:** Authorization submitted remains in effect while your private loan(s) are current. Should your private loan(s) become 10 or more days delinquent, Aspire Servicing Center will need new written authorization, which will remain valid for one year from the date of receipt of the authorization.

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### Section 1: Borrower Information

Account Number: \_\_\_\_\_

Name: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone – Primary: \_\_\_\_\_ Telephone – Alternate: \_\_\_\_\_

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### Section 2: Third-Party Information

Name: \_\_\_\_\_ Relationship to Borrower: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone – Primary: \_\_\_\_\_ Telephone – Alternate: \_\_\_\_\_

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### Section 3: Authorization

I authorize Aspire Servicing Center to disclose written or verbal information on my account to the individual named above.

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: \_\_\_\_\_

**Return completed form to:**  
Aspire Servicing Center  
P.O. Box 659705  
West Des Moines, IA 50265-0970  
Phone: (800) 243-7552  
Fax: (515) 223-9535