



Authorization for Release of Information

Complete this application and return it to FedLoan Servicing to allow the person(s) stated below to have access to all data contained in your FedLoan Servicing-administered loan or TEACH Grant record for the purposes of assisting you in resolving FedLoan Servicing related issues.

Section 1: Borrower/Recipient Identification

Name: [ ] Account Number [ ]

Section 2: Third Party Identification

Party 1:

Name [Coast Professional, Inc. (Any Employee)] Relationship [Collection Agency]

Street Address: [214 Expo Circle, Suite 7]

City [West Monroe] State [LA] Zip Code [71292]

Telephone [(888) 815-2843]

Party 2:

Name [ ] Relationship [ ]

Street Address: [ ]

City [ ] State [ ] Zip Code [ ]

Telephone [ ]

Section 3: Borrower/Recipient Authorization and Signature

I hereby authorize FedLoan Servicing to release information about my account, including personally identifying information and my relationship with FedLoan Servicing to the individual(s) listed above. I understand and agree that by authorizing FedLoan Servicing to release any and all information to the individual(s) named and listed above. I assume full responsibility for the named individual(s) having access to any information maintained by FedLoan Servicing relating to me. It is my responsibility to revoke my authorization(s) if at any time I no longer wish to authorize FedLoan Servicing to release information about me to the individual(s) listed above. I acknowledge that this authorization allows the named individual(s) to obtain any/all data and information contained in my FedLoan Servicing-administered student aid record. I hereby expressly agree that FedLoan Servicing shall not be responsible for any damages in any form arising that I may incur related to my authorization(s) of FedLoan Servicing to release information to the individual(s) listed above. Completion of this form also provides permission to accept information concerning to my address and/or telephone number from the individual(s) listed above. This authorization does not release me from my obligation to make payments on my loan(s).

Date [ ]

Borrower/Recipient Signature \_\_\_\_\_

Send Completed form to: FedLoan Servicing
P.O. Box 69184
Harrisburg, PA 17106-9184

Or Fax to: 717-720-1628