



Information Release Consent

I authorize Great Lakes to release to, and discuss with, the representative named below all activity, correspondence and payment records in connection with my student loan(s).

(Please Print)

Representative's Name Coast Professional, Inc. (Any Employee) Representative's Phone (888) 815-2843

Representative's Street Address 214 Expo Circle, Suite 7

City West Monroe State LA ZIP 71292

I understand that in signing this document I declare the representative named above to be authorized to represent me regarding my student loan(s) and that I am authorizing Great Lakes, and/or my representative(s) to communicate with him/her as with myself. This authorization is to continue until written revocation is given by me and received by Great Lakes.

I further understand that a completed and signed copy of this document is as good as the original.

Borrower's Last Name _____ First Name _____ MI _____

Borrower's Street Address _____

City _____ State _____ ZIP _____

Telephone _____ Social Security Number _____

Borrower's Signature _____ Date _____

Your representative must complete a Certification as to the Validity of Information Release Consent Form.

Please return the completed documents to:

Great Lakes - Borrower Services Department
P.O. Box 7860
Madison, WI 53707