

## Release of Authorization Form

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State ZIP: \_\_\_\_\_ \*If you do not have your account number, please provide  
your Social Security number: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Thank you for your recent request to release your student loan account information to a third party. In order for Nelnet to release account information, we must receive your written permission to do so.

Please complete the information on this page and upload it by logging in to Nelnet.com and selecting Documents. Then choose Upload Documents and Forms. Or send this page to Nelnet via email (SubmitMyForms@Nelnet.net), fax (866.545.9196), or mail to:

Nelnet  
Attn: Enrollment Processing  
P.O. Box 82565  
Lincoln, NE 68501-2565

### Release of Authorization

I authorize Nelnet to release any information related to my student loan account to:

Coast Professional, Inc. (Any Employee)

Individual or agency name (please print)

I understand that I may, at any time, withdraw this directive as long as I do so in writing.

- I certify that I am the subscriber to the provided cellular or other wireless number and I authorize Nelnet and its representatives and agents to contact me regarding servicing or repaying my loan(s) at any current and future numbers that I provide for my cellular telephone or other wireless device using automatic dialing systems, artificial or pre-recorded messages, and/or SMS text messages, even if I will be charged by my service provider(s) for receiving such communications.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date