

**AUTHORIZATION FOR RELEASE OF STUDENT LOAN INFORMATION OR  
RECORDS TO THE BORROWER**

**TO:**

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**INFORMATION OR RECORDS REQUESTED:**

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**BORROWER:**

Borrower's name	Date of Birth
Address/City/State/Zip Code	Social Security Number
Tel. No. _____	Fax No. _____

Additional Information (optional)

THE PROVIDER SHALL ACCEPT A PHOTOCOPY, FACSIMILE OR OTHER COPY OF THE ORIGINAL, SIGNED BY THE REQUESTER, AS IF IT WERE AN ORIGINAL

**Fax This Form to (319) 665-7646 or (319) 665-7647**