Letter of Authorization

By completing this form, you are permitting EDFUND's Default Prevention Unit to release all information regarding your account to the authorized person(s) named below.

Please type or clearly print the requested information. All fields must be completed; incomplete forms will not be processed. Fax or mail the completed form to EDFUND.

Address: EDFUND - Default Prevention Unit
Attn: Operation Support
P.O. Box 419035
Rancho Cordova, CA 95741-9035

Fax: 916.526.7392

As of _____, I, _____, hereby certify that my
(today's date) (borrower's name)

_____ _____ may obtain
(relationship) (authorized person's name)

information regarding my student loans.

Additional people that I authorize to speak to EDFUND are (optional, enter N/A if not applicable):

_____
(authorized person's name) (relationship)

_____
(authorized person's name) (relationship)

Borrower information:

_____
(address – street, city, state, zip code)

_____ _____
(home phone number) (work phone number)

_____ _____
(social security number) (date of birth)

_____ _____
(printed name) (signature)

If you have questions regarding this authorization form, please call EDFUND at 800.298.9490.