



## Information Release Consent

Please complete form in ink

I authorize ECMC and its agents/contractors to release to, and discuss with, the representative  
Organization/Institution  
named below all activity, correspondence and payment records in connection with my student loan(s).

(Please Print)

REPRESENTATIVE'S NAME		REPRESENTATIVE'S PHONE NO.
REPRESENTATIVE'S STREET ADDRESS		
REPRESENTATIVE'S E-MAIL		REPRESENTATIVE'S RELATIONSHIP
CITY	STATE	ZIP

This authorization is to continue until written revocation is given by me and received by ECMC, its agents, or its contractors. I release ECMC, its agents, contractors, officers, employees or related personnel, both individually and collectively, from liability for claims arising out of disclosure to the party designated herein.

I state, under penalty of perjury, that I am the individual whose records are covered by this authorization. I am aware that it is a criminal offense to acquire under false pretenses, information in an individual's records that are subject to the Federal Privacy Act.

I further authorize ECMC and its respective agents and contractors to contact me regarding my loan(s), including repayment of my loan(s) at the current or any future number for my cellular telephone or other wireless device using automated telephone dialing equipment or artificial or prerecorded voice or text messages.

I further understand that a completed and signed copy of this document is as good as the original (i.e., faxed).

BORROWER'S LAST NAME	FIRST NAME	MI
BORROWER'S STREET ADDRESS		
CITY	STATE	ZIP
PHONE NO.	SOCIAL SECURITY NO. or ACCOUNT NUMBER	
WORK OR ALTERNATE NUMBER	BORROWER'S E-MAIL	
BORROWER SIGNATURE		SIGNATURE DATE

