



Information Release Consent

Please complete form in ink

I authorize _____ EdFund _____ 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 my Organization/Institution. I release EdFund, its 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 EdFund 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 |