



Information Release Consent

I authorize Great Lakes to release to, and discuss with, the representative named below all activity, correspondence and payment records in connection with my student loan(s).

(Please Print)

Representative's Name _____ Representative's Phone _____

Representative's Street Address _____

City _____ State _____ ZIP _____

I understand that in signing this document I declare the representative named above to be authorized to represent me regarding my student loan(s) and that I am authorizing Great Lakes, and/or my representative(s) to communicate with him/her as with myself. This authorization is to continue until written revocation is given by me and received by Great Lakes.

I further understand that a completed and signed copy of this document is as good as the original.

Borrower's Last Name _____ First Name _____ MI _____

Borrower's Street Address _____

City _____ State _____ ZIP _____

Telephone _____ Social Security Number _____

Borrower's Signature _____ Date _____

Your representative must complete a Certification as to the Validity of Information Release Consent Form.

Please return the completed documents to:

Great Lakes - Borrower Services Department
P.O. Box 7860
Madison, WI 53707