



## 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).

I understand this authorization does not permit the representative to make any changes to my student loan account(s).

### **Borrower Information**

Last Name: \_\_\_\_\_

Great Lakes ID: \_\_\_\_\_

First Name: \_\_\_\_\_

\*If you do not have your Great Lakes ID,  
please provide your Social Security  
Number:

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_

### **Representative Information**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

I understand that by signing this document, I authorize the representative named above to represent me regarding my student loan(s), and that I am authorizing Great Lakes, and/or my representative to communicate with them as with myself. This authorization will remain effective until Great Lakes receives my written revocation at the address below.

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

Borrower Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed document using one of the following methods:

#### **Mail**

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

#### **Fax**

(800) 375-5288