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Phone: (800) 693-8220
Fax: (502) 329-7077
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Third Party Authorization Request Form

In order to release your confidential account information to the individuals you are authorizing, you **must** complete this form and return it to the address listed above. You may also fax it to us at (502) 329-7077. Please allow a minimum of 24 hours for processing.

Borrower Information (please print clearly):

Name: _____

Account Number: _____

Signature: _____

Third Party Information:

Provide **all** of the following information regarding the individuals you are authorizing. Please note that this form will only allow the third party to access account information. Should changes need to be made to the account, you must assign someone as a power-of-attorney and submit a copy of the legal designation.

(please print clearly)

Full Name	Last four digits of social security number*	Date of Birth

* If available