

## Information Release Form

Higher Education Servicing Corporation (HESC) is committed to ensuring your privacy and maintaining your loan records in a secure manner. We will not disclose any information pertaining to your loan records to anyone but you, your co-signer or endorser (if applicable), and those we are required to share information with such as your school(s), lender(s), and each of their agents.

Therefore, we require your written consent to discuss your education loan information with anyone else. If you would like to authorize someone to discuss your specific loan information with us, please complete this form and return it by fax to (817) 792-7878 or by mail to 4381 W. Green Oaks Blvd., Suite 200, Arlington, TX 76016-4452.

### Borrower Information

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Borrower Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Borrower Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

### Authorized Individual

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**Complete this section to allow an individual access to your education loan records.** *You must complete a separate Information Release Form for each individual or institution that you consent to allow access to your education loan records.*

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

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

### Authorized Institution / Organization

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**Complete this section to allow an Institution/Organization access to your education loan records.** *You must complete a separate Information Release Form for each individual or institution that you consent to allow access to your education loan records.*

Institution / Organization: \_\_\_\_\_ Contact: \_\_\_\_\_

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

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

### Authorization Acknowledgment

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"I authorize Higher Education Servicing Corporation (HESC) to reveal written or verbal information on my education loan(s) to the individual or institution/organization listed above."

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date