



**Borrower's Authorization to
Disclose Information**

I understand that information maintained in my student loan records is protected from unauthorized disclosure under Federal law, including the Privacy Act. I hereby authorize the Department of Education and Educational Credit Management Corporation (ECMC) on behalf of Louisiana Office of Student Financial Assistance to disclose information on my student loan account(s) with the following person(s) and/or organizational unit(s):

NAME, PHONE, and RELATIONSHIP

If your request for authorization is for access to your own records, please put "self".

I authorize disclosure of computer information and/or documents related to my student loan records, EXCEPT for the following:

This authorization is valid for 180 days. I release ECMC, its officers, employees or related personnel, both individually and collectively from all liability for claims arising out of this disclosure. I state, under penalty of perjury, that I am the individual whose records are covered by this authorization or certify that I am aware that it is a criminal offense subject to a \$5000 fine for knowingly and willfully requesting, or acquiring under false pretenses, information in an individual's records that are subject to the Federal Privacy Act. Title 5 U.S.C. § 552a; Part 34 C.F.R. § 5b.

Printed or Typed:

FULL NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY, STATE & ZIP: _____

TELEPHONE NUMBER: _____

SIGNATURE OF BORROWER: _____

DATE OF THIS RELEASE: _____

A faxed copy of this signed authorization is as valid as the original

THIS COMMUNICATION IS FROM A DEBT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.