

**INFORMATION RELEASE AUTHORIZATION**

I, \_\_\_\_\_, Student Loan Account Number \_\_\_\_\_ do hereby give permission to Student Assistance Foundation ("SAF") to release any and all information regarding my student loan(s) to persons identifying themselves orally or in writing as any of the following parties:

Name (Company)	Address	Phone number	Relationship
_____	_____	( )	_____
_____	_____	( )	_____
_____	_____	( )	_____

I understand that by signing this form I am giving Student Assistance Foundation permission to release requested information regarding my student loan(s), and I hereby release Student Assistance Foundation and my Lender from any and all liability in connection with release of such information to such person(s). Student Assistance Foundation has no duty to inquire as to the reason why such information is requested, and no affirmative duty to disclose to me that it has provided such information. I further understand that this authorization does not require Student Assistance Foundation to release any information, nor does it prevent Student Assistance Foundation from exercising its independent judgment with respect to releasing information.

I also understand that my granting permission to release information does not release me as the signatory on my student loan(s) from the responsibilities associated with being the signatory.

This release will remain in effect until said authorization is revoked by me in writing.

Please return completed form to: Student Assistance Foundation  
 PO Box 5209  
 Helena MT 59604-5209

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Mailing Address*

\_\_\_\_\_  
*City, State and Zip Code*

\_\_\_\_\_  
*Home Phone Number*

\_\_\_\_\_  
*Alternate Phone Number*