



EDUCATION SERVICES FOUNDATION

Student Loan Operations

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www.esfweb.com

WRITTEN AUTHORIZATION TO RELEASE INFORMATION

Federal Regulations require Education Services Foundation Student Loan Operations (ESF) to obtain written permission from you in order to release your account information to another person or company. In order for our representatives to release your account information, ESF must have your written authorization on file. If you would like to give your authorization to release your account information to a third party, please complete the form below and return it to us. Without your written consent, ESF will not release your information.

If you have any questions, please contact us at (800) 986.4322.

I authorize ESF to release written and/or verbal information on my student loan(s) to the following:

(1) Individual

Name (Last, First, MI)

Relationship

Address

City, State, Zip

Telephone #

(2) Company

Company Name

Representative's Name

Address

City, State, Zip

Telephone #

I understand this authorization will remain in effect until I provide ESF with written notice that I wish to cancel this release.

Borrower Signature

Borrower Account Number

Borrower Printed Name

Date