

Access Group loans serviced by:



P.O. Box 24328  
Louisville, KY 40224-0328  
Phone: (888) 250-6401  
Fax: (502) 329-7077  
www.studentloanpeople.com



### 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:

Name (please print clearly): \_\_\_\_\_

Account Number: \_\_\_\_\_

Signature: \_\_\_\_\_

#### Third Party Information:

Provide **all** of the following information regarding the individual(s) you are authorizing (please print clearly):

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

\* If available