

Release of Authorization Form

Name: _____ Account Number: _____

Address: _____

City, State, ZIP: _____

*If you do not have your account number, please provide your Social Security number:

Phone: _____

Alternative Phone: _____

Email Address: _____

Thank you for your recent request to release your student loan account information to a third party. In order for Nelnet to release account information, we must receive your written permission to do so.

Please complete the information on this page and upload it by logging in to your online account and selecting Documents. Then choose Upload Documents and Forms. Or send this page to Nelnet via email (SubmitMyForms@Nelnet.studentaid.gov) or mail to:

Nelnet
Attn: Enrollment Processing
P.O. Box 82565
Lincoln, NE 68501-565

Release of Authorization

I authorize Nelnet to release any information related to my student loan account to:

Individual or agency name (please print)

I understand that I may, at any time, withdraw this directive as long as I do so in writing.

I certify that I am the subscriber to the provided cellular or other wireless number and I authorize Nelnet and its representatives and agents to contact me regarding servicing or repaying my loan(s) at any current and future numbers that I provide for my cellular telephone or other wireless device using automatic dialing systems, artificial or pre-recorded messages, and/or SMS text messages, even if I will be charged by my service provider(s) for receiving such communications.

Borrower signature: _____ Date: _____