

# CAMPUS PARTNERS

CAMPUS PARTNERS • P.O. Box 2901 • Winston-Salem, NC 27102-2901 • (800) 334-8609 • www.mycampusloan.com

The following is a Federal Privacy Act Waiver. Please complete the information below in order for us to release information concerning your student loan(s) to someone other than you or your co-signer. Please return this to our office at the address shown below.

I, \_\_\_\_\_, hereby authorize Campus Partners to communicate with the person mentioned below about all matters concerning any student loan(s) under my name and social security number which are now being administered by Campus Partners or which may be administered by Campus Partners in the future.

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

NAME:	RELATIONSHIP:
ADDRESS:	
PHONE NUMBER: (     ) _____ - _____	

NAME:	RELATIONSHIP:
ADDRESS:	
PHONE NUMBER: (     ) _____ - _____	

I agree that the execution and delivery of this authorization shall not alter my obligation to repay my student loan(s) and that this authorization shall be effective until Campus Partners receives a written cancellation of this authorization signed by me.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**\*This form must be notarized.**

<p><i>Subscribed and sworn to before me</i>  <i>this _____ day of _____, 20__</i>          _____ <i>Notary Public</i>  <i>in and for the county of _____</i>  <i>state of _____</i>          (Seal)</p>
---

<p>Please return to:  <b>Campus Partners</b>          P.O. Box 2901          Winston-Salem, NC 27102-2901</p>
---