

# NORTH DAKOTA UNIVERSITY SYSTEM

## STUDENT LOAN SERVICE CENTER

Dept 3180 ♦ P.O. Box 6050 ♦ Fargo, ND 58108-6050 ♦ Local 701/231-9545 ♦ Toll Free 1-800-698-7397 ♦ FAX 701-231-9551  
Web: <http://www.slscndus.com> E-mail: [ndus.slsc@ndus.nodak.edu](mailto:ndus.slsc@ndus.nodak.edu)

### FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT (FERPA) STUDENT LOAN INFORMATION RELEASE FORM

If you wish specific loan information to be released to another person (ie: parent or spouse), per Federal Regulations you must provide written authorization. Information Release forms will be sent to you with your annual payment coupons.

#### AUTHORIZATION TO RELEASE INFORMATION

I HEREBY AUTHORIZE THE STUDENT LOAN SERVICE CENTER, NORTH DAKOTA UNIVERSITY SYSTEM TO RELEASE INFORMATION REGARDING MY STUDENT LOANS TO: (please print or type)

\_\_\_\_\_  
(Name, relationship, address & phone #)

\_\_\_\_\_  
(Name, relationship, address & phone#)

~ OR ~

I DO NOT WANT INFORMATION RELEASED TO ANYONE OTHER THAN MYSELF. (Please note that if you check this option, your parents or spouse cannot get information on your loan.)

#### PLEASE COMPLETE THE FOLLOWING INFORMATION:

BORROWERS NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

E-Mail: \_\_\_\_\_

Please check if you are working full time in any of these fields:

Teacher \_\_\_\_\_ Law enforcement \_\_\_\_\_ Firefighter \_\_\_\_\_ Youth/Family Services \_\_\_\_\_

Nursing \_\_\_\_\_ Allied Health (specify field) \_\_\_\_\_

Are you currently enrolled at least half time as a student? \_\_\_\_\_

Name and location of school \_\_\_\_\_

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

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