

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
E-mail: ndus.slsc@ndus.edu Web: slsc.ndus.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.

AUTHORIZATION TO RELEASE INFORMATION

I HEREBY AUTHORIZE THE STUDENT LOAN SERVICE CENTER, NORTH DAKOTA UNIVERSITY SYSTEM and EDUCATIONAL COMPUTER SYSTEMS, INC. (ECSI) 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: _____ \ _____ \ _____ ND STUDENT ID 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? Y N

Name and location of school _____

Borrowers Signature

Date