

AUTHORIZATION TO RELEASE INFORMATION TO A THIRD PARTY



Borrower's Name

Borrower's Account Number

Please read and complete the following items:

I authorize CornerStone to share personal, account-related information regarding my student loan(s) with:

Please enter the Third-Party's current information below.

First Name	Last Name	
Street Address		
City	State	ZIP
Country		
Phone	Relationship (check one)	
	<input type="checkbox"/> spouse <input type="checkbox"/> parent <input type="checkbox"/> relative <input type="checkbox"/> other	

I may withdraw this authorization at any time by contacting CornerStone. I will not hold CornerStone responsible for information shared with someone reasonably believed to be the person named above. I understand a signed and completed copy of this document is as good as the original.

Borrower's Signature

Date:

**Please send the completed form to CornerStone
at the address or fax number below.**

CornerStone Education Loan Services P.O. Box 145122 Salt Lake City, UT 84114-5122	Fax: (801) 366-8400
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