

Borrower's Authorization to Disclose Information

I understand that information maintained in my student loan records is protected from unauthorized disclosure under Federal law, including the Privacy Act. I hereby authorize the Department of Education, Education Credit Management Corporation (ECMC) and Delta Management Associates, Inc. to disclose information on my student loan account(s) with the following person(s) and/or organization unit(s):

Name, Phone, and Relationship

If your request for authorization is for access to your records put "self".

I authorize disclosure of computer information and/or documents related to my student loan records, EXCEPT for the following:

This authorization is valid for 180 days. I release ECMC, its officers, employees or related personnel, both individually and collectively from all liability for claims arising out of this disclosure. I state, under penalty of perjury, that I am the individual whose records are covered by this authorization or certify that I am aware that it is a criminal offense subject to a \$5000 fine for knowingly and willfully requesting, or acquiring under false pretenses, information in an individual's records that are subject to the Federal Privacy Act, Title 5 U.S.S. § 552a; Part 34 C.F.R. § 5b.

Printed or Typed:

Full Name: _____

Social Security Number: _____

Date of Birth: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

Signature of Borrower: _____

Date of this Release: _____

A faxed copy of this signed authorization is as valid as the original.

Email: review@delta123.com Fax: 617-660-3896 Tel: 877-271-5205

USPS: Delta Management Associates, Inc. Po Box 9148 Chelsea, MA 02150