

Loan Servicer Selection Form

Selection (only mark 1)	Servicer Name	Servicer Address	Servicer Phone	Servicer Website
	Nelnet	PO Box 82658 Lincoln, NE 68501-2658 USA	1-866-426-6765	Nelnet.com
	FedLoan Servicing (PHEAA)	FedLoan Servicing P.O. Box 69184 Harrisburg, PA 17106-9184 USA	1-800-699-2908	MyFedLoan.org/manage-account/consolidation/index.shtml
	Pcxkpv	Attn: ED Loan Consolidation PO Box 6180 Indianapolis, IN 46206-6180 USA	1-800-722-1300	SallieMae.com/FederalLoans
	Great Lakes Educational Loan Services, Inc.	Consolidation Department P.O. Box 8956 Madison, WI 53708-8956 USA	1-800-236-4300	MyGreatLakes.org

Our records indicate you have chosen to select your own loan servicer to process your consolidation application and service your newly consolidated loan. Please mark your selection above with a blue or black pen. You may only select one.

Please sign and date below then proceed to the corresponding authorization to release information form.

Name

Signature

SSN

Date



PERM

Complete this application and return it to FedLoan Servicing to allow the person(s) stated below to have access to all data contained in your FedLoan Servicing-administered loan record for the purposes of assisting you in resolving FedLoan Servicing related issues.

SECTION 1: BORROWER IDENTIFICATION
Name _____ Account Number _____
SECTION 2: THIRD PARTY IDENTIFICATION
PARTY 1:
Name _____ Relationship _____
Street Address _____
City _____ State _____ Zip Code _____
Telephone () _____
PARTY 2:
Name _____ Relationship _____
Street Address _____
City _____ State _____ Zip Code _____
Telephone () _____
SECTION 3: BORROWER AUTHORIZATION / SIGNATURE
I hereby authorize FedLoan Servicing to release information about my account, including personally identifying information and my relationship with FedLoan Servicing to the individual(s) listed above. I understand and agree that by authorizing FedLoan Servicing to release any and all information to the individual(s) named and listed above, I assume full responsibility for the named individual(s) having access to any information maintained by FedLoan Servicing relating to me. It is my responsibility and not that of FedLoan Servicing to revoke my authorization(s) if at any time I no longer wish to authorize FedLoan Servicing to release information about me to the individual(s) designated above. I acknowledge that this authorization allows the named individual(s) to obtain any/all data / information contained in my FedLoan Servicing-administered student aid record. I hereby expressly agree that FedLoan Servicing shall not be responsible for any damages in any form so arising that I may incur related to my authorization(s) of FedLoan Servicing to release information to the individual(s) listed above. Completion of this form also provides permission to accept information concerning changes to my address and/or telephone number from the individual(s) listed above. This authorization does not apply to the release of information about me through FedLoan Servicing's website and online functionality. This authorization does not release me from my obligation to make payments under my loan(s).
X _____
Borrower's Signature Date

Return Completed Form To:
FedLoan Servicing • P.O. Box 69184 • Harrisburg PA 17106-9184
Fax: 717-720-1628



Information Release Consent

I authorize Great Lakes to release to, and discuss with, the representative named below all activity, correspondence and payment records in connection with my student loan(s).

REPRESENTATIVE'S NAME Performant Recovery, Inc		REPRESENTATIVE'S PHONE NO. (209) 858-3500
REPRESENTATIVE'S STREET ADDRESS Po Box 1249		
CITY Lathrop	STATE CA	ZIP 95330

I understand that in signing this document I declare the representative named above to be authorized to represent me regarding my student loans(s) and that I am authorizing Great Lakes, and/or my representative(s) to communicate with him/her as with myself. This authorization is to continue until written revocation is given by me and received by Great Lakes.

I further understand that a completed and signed copy of this document is as good as the original.

BORROWER'S LAST NAME	FIRST NAME	MI
BORROWER'S STREET ADDRESS		
CITY	STATE	ZIP
TELEPHONE NO.	SOCIAL SECURITY NO.	
BORROWER'S SIGNATURE	DATE	

Your representative must complete a Certification as to the Validity of Information Release Consent Form.

Please return the completed documents to:

Great Lakes - Borrower Services Department
P.O. Box 7860
Madison, WI 53707

----- INFORMATION RELEASE FORM -----

I authorize Navient to release information about my current and any future education loans serviced by Navient, orally, in writing, and/or electronically to:

(Please print or type)

Name Telephone Number

Address City State Zip

Borrower Signature Date

Borrower Name

SSN

Release of Authorization Form

Name: _____ Account Number* _____

*If you do not have your account number, please provide your

Social Security Number: _____

Address: _____

City, State ZIP: _____

Phone number: _____

Alternate phone number: _____

E-mail address: _____

Thank you for your recent request to release your student loan account information to a third party. In order for Nelnet to release account information, we must receive your written permission to do so. Please complete the information below and mail or fax to:

Nelnet
P.O. Box 82561
Lincoln, NE 68501-2561
Fax: 1.877.402.5816

Completed forms may also be scanned and sent via e-mail to nelnetcustomersolutions@nelnet.net.

Release of Authorization

I authorize Nelnet to release any information related to my student loan account to

Individual or agency name (please print)

I understand that I may, at any time, withdraw this directive as long as I do so in writing.

I expressly authorize Nelnet and its representatives and related companies to contact me about my account at any phone number associated with me, including cellular and wireless phones, and to contact me using automatic dialing systems, artificial or prerecorded messages, text messages, or e-mail.

Customer's signature _____ Date _____

If you need additional information or wish to explore Nelnet's many education planning and financing resources, please visit our Web site at www.nelnet.com or call us toll-free at 1.888.486.4722. We're here to help you reach your goals.

Sincerely,

Nelnet



IMPORTANT NOTICE OF RIGHTS

We are required under state law to notify consumers of the following rights. This list does not contain a complete list of the rights consumers have under state and federal law.

California – The state Rosenthal Fair Debt Collection Practices Act and the federal Fair Debt Collection Practices Act require that, except under unusual circumstances, collectors may not contact you before 8:00 a.m. or after 9:00 p.m. They may not harass you by using threats of violence or arrest or by using obscene language. Collectors may not use false or misleading statements or call you at work if they know or have reason to know that you may not receive personal calls at work. For the most part, collectors may not tell another person, other than your attorney or spouse, about your debt. Collectors may contact another person to confirm your location or enforce a judgment. For more information about debt collection activities, you may contact the federal trade commission at 1-877-FTC-HELP or www.ftc.gov.

Colorado – FOR INFORMATION ABOUT THE COLORADO FAIR DEBT COLLECTION PRACTICES ACT, SEE WWW.COAG.GOV/CAR. A consumer has the right to request in writing that a debt collector or collection agency cease further communication with the consumer. A written request to cease communication will not prohibit the debt collector or collection agency from taking any other action authorized by law to collect the debt. Colorado residents may contact our office by telephone at 800-927-7667.

In State Office Address: 27 North Willerup Ave., Suite B, Montrose, CO 81401. Phone: (970) 249-7514.

Massachusetts – Massachusetts residents may contact our office by telephone at 800-927-7667. The business address is: 333 North Canyons Parkway, Suite 100, Livermore, CA 94551-7661. Massachusetts Law requires that we inform you:

NOTICE OF IMPORTANT RIGHTS

You have the right to make a written or oral request that telephone calls regarding your debt not be made to you at your place of employment. Any such oral request will be valid for only ten (10) days unless you provide written confirmation of the request postmarked or delivered within seven (7) days of such request. You may terminate this request by writing to the debt collector.

Minnesota – This collection agency is licensed by the Minnesota Department of Commerce.

New York City – Performant Recovery, Inc. is licensed to operate in New York City by the New York City Department of Consumer Affairs under License Numbers 0958746, 1239342, 1239344 and 1233460.

North Carolina – Performant Recovery, Inc. is licensed to operate under Permit numbers 4381, 4382, 4383 and 100791.

Tennessee – Performant Recovery, Inc. is licensed by the Collection Service Board, State Department of Commerce and Insurance, 500 James Robertson Parkway, Nashville, Tennessee 37243.

Wisconsin – **This collection agency is licensed by the Division of Banking in the Wisconsin Department of Financial Institutions, www.wdfi.org.**

Maine & Washington – Performant Recovery, Inc. may be reached at 800-927-7667 or at our licensed telephone and address: 333 North Canyons Pkwy Ste. 100, Livermore, CA 94550 - 925-960-4800; 17080 S Harlan Rd, Lathrop, CA 95330 - 209-858-3500; 1780 Nebraska Ave, Grants Pass, OR 97527 - 541-955-7800; 2763 Southwest Boulevard, San Angelo, TX 76904 - 325-224-6001; 512 Bell St, Edmonds, WA 98020 (WA only) and 11816 E 31st Ave, Spokane Valley, WA 99206 (WA only).