

## Release of Authorization Form

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State ZIP: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Alternate phone number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

Account Number\*: \_\_\_\_\_

\*If you do not have your account number, please provide your  
Social Security Number: \_\_\_\_\_

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](mailto:nelnetcustomersolutions@nelnet.net).

<b>Release of Authorization</b>	
I authorize Nelnet to release any information related to my student loan account to	
<b>Shaev &amp; Fleischman LLP</b>	
_____ 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.	
<input type="checkbox"/> 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](http://www.nelnet.com) or call us toll-free at 1.888.486.4722. We're here to help you reach your goals.

Sincerely,

Nelnet

