



6000 Wolverine Tower, 3003 S. State Street
 Ann Arbor, Michigan 48109-1287

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AUTHORIZATION DISCLOSURE FORM

To: University of Michigan – Student Loan Collections
 6000 Wolverine Tower, 3003 South State Street
 Ann Arbor, MI 48109-1287

From: Borrower’s Name: _____
 UMID #: _____

Under the Family Educational Rights and Privacy Act (FERPA), The University of Michigan is permitted to disclose information from your education records to the authorized person(s) of your choosing. For your protection, a copy of a signed, photo ID is required to process the authorization.

I consent to the disclosure of personally identifiable information regarding my account with the University of Michigan Student Loan Collection office to:

 Name

 Relationship

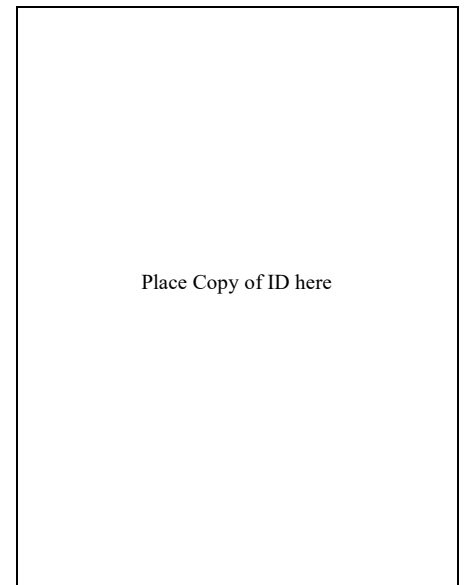
 Address 1

 Address 2

 City State Zip

 Home Phone Cell Phone Work Phone

 Email



 Borrower’s Signature

 Date