



1000 Victors Way
Ann Arbor, Michigan 48108

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AUTHORIZATION DISCLOSURE FORM

To: University of Michigan – Student Loan Collections
1000 Victors Way
Ann Arbor, MI 48108

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

Place Copy of ID here

Borrower’s Signature

Date