633 Spirit Drive
Chesterfield, MO 63005
888-866-4352

Dear Borrower,

Attached please find the Third Party Authorization Form for you to download and return to MOHELA. Please carefully read through the instructions and other information listed on the form prior to completing your request. Remember to review the completed form to ensure that all required fields are complete, and that any required documentation (if applicable) is attached. For your convenience, we have provided our contact information below.

Please mail your completed form to:	**MOHELA** **633 Spirit Drive** **Chesterfield, MO 63005**
Or fax your request to:	**(866) 222-7060**

We will process your request as soon as it is received in our offices. You are welcome to send your request via either of the above-listed methods; however, faxing your request allows MOHELA to receive and process your request faster than if it is sent via mail.

We look forward to providing you with continued quality service. You will be notified by mail regarding the approval or denial of your request or if any further information is needed once your submission has been processed.

MOHELA
Loan Servicing

MOHELA®

Dear Borrower,

Due to privacy and security requirements, MOHELA will need your written consent to disclose your educational records to anyone other than yourself. Without this written consent, MOHELA cannot release information to any third party who is not currently authorized. If someone other than yourself is making payments on your student loan (s), and you wish MOHELA representatives to discuss specific loan information with this person, please complete the information below and return it to our office. It is important to note that any person that you have authorized on your loan(s) will be added as a reference on your file. As a reference, this third party will be contacted if your address or phone number becomes invalid and we are unable to contact you.

THIRD PARTY AUTHORIZATION FORM

I authorize MOHELA to disclose written or verbal information on my student loan(s) to:

First Name _____ Last Name _____ M.I. ___ Relationship _____

Address _____ City, State, Zip _____

Home Phone Number _____ Work Phone Number _____ Alternate Phone Number _____

Mobile Phone Number _____

Borrower's Name (Please Print) _____

Borrower's Signature _____ Date _____

Borrower's Account Number or Social Security Number _____

633 Spirit Drive, Chesterfield, Missouri 63005-1243
636-532-0600 or 888-866-4352
Fax: 636-532-0610 or 1-888-387-3530
TDD 636-532-5189
Website: www.mohela.com