

EOS CCA

700 Longwater Drive

Norwell, MA 02061

(781) 753-4062

Fax (781) 681-4379

Date:

Borrower Name: \_\_\_\_\_

SSN: xxx-xx-\_\_\_\_\_

DOB: \_\_\_\_\_

RE: AUTHORIZATION FOR ACCESS TO INFORMATION REGARDING STUDENT LOANS

To whom it may concern:

My signature below confirms that I have authorized EOS-CCA and it's employees to request and obtain information concerning my student loans, from any source, for the purpose of including the loans in my Direct Loan Consolidation Application.

Any information obtained pursuant to this authorization will be used only for the purpose of the Direct Loan Consolidation Application.

Borrower's Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_