



THIRD-PARTY AUTHORIZATION FORM

If you would like to authorize Rhode Island Student Loan Authority (RISLA) to receive payments from one or more family members or other persons and communicate loan information including balance, payment schedule, and payment status information to these persons, you must complete and sign this form and return it to RISLA at PO Box 81071, Warwick, RI 02888-0089, or by fax to 401.468.2195 or upload to www.risla.com/send-docs.

PLEASE COMPLETE THE FOLLOWING INFORMATION (please print):

Borrower / Cosigner Name: _____ SS#: _____ / _____ / _____
Address: _____
Home Phone#: _____ Cell Phone#: _____
Work Phone#: _____ Email Address: _____

AUTHORIZATION TO RELEASE INFORMATION

BY SIGNING BELOW, I, _____, HEREBY AUTHORIZE RISLA TO RECEIVE PAYMENTS FROM AND COMMUNICATE ANY AND ALL INFORMATION REGARDING MY STUDENT LOAN(S) TO THE FOLLOWING PERSON(S), INCLUDING INFORMATION ABOUT MY LOAN BALANCE, PAYMENT SCHEDULE, AND PAYMENT STATUS. (please print)

Name: _____
Address: _____
Home Phone#: _____ Cell Phone#: _____
Relationship: _____ Date of Birth: _____
Email Address: _____

Name: _____
Address: _____
Home Phone#: _____ Cell Phone#: _____
Relationship: _____ Date of Birth: _____
Email Address: _____

I understand this consent will remain in effect until I revoke it by calling 888.897.4752 or by writing to the address shown above or by emailing customerservice@risla.com, in which case my revocation becomes effective when RISLA receives my call, letter, or email.

Signature

Date

OPTIONAL

By signing below, I also authorize RISLA to contact the above-named person(s) by phone, mail or email about any delinquent payments I may owe in the future. I understand this consent will remain in effect until I or the above-named person(s) revoke it by calling 888.897.4752 or by emailing customerservice@risla.com or writing to the address above in which case the revocation becomes effective when RISLA receives the call, letter, or email.

Signature

Date