

Purdue University
475 Stadium Mall Dr
Schleman Hall 334
West Lafayette IN 47907

Fax: 765-494-7384
Email: uco@purdue.edu

Borrowers Name: _____
(please print)

Purdue University ID#: _____

I, the undersigned, hereby authorize Purdue University to release loan information on the account listed above to:

(please print)

This form may be scanned and emailed with signature or sent via facsimile transmission. This authorization is effective for this one-time use. If you wish to grant authorization to release account information on all inquiries going forward (until authorization is removed) you must access your student loan account on the ECSI web-site www.ecsi.net and update your loan records to provide authorization.

Borrower Signature: _____

Date: _____