TRINITY UNIVERSITY

BORROWER CONSENT TO RELEASE EDUCATIONAL RECORDS

Note: **Borrowers are not required to complete this form; however, not doing so will prevent parents and/or guardians from being informed on matters related to the borrower's educational records, which include loan information.**

In compliance with the Family Educational Rights and Privacy Act (FERPA), Trinity University and/or ECSI, Trinity University's Loan Servicer, cannot, except in certain limited situations, release a borrower's educational record to any person other than the borrower without a written release from the borrower.

Borrower's Name: _____
(Please print legibly) Last First Middle

Borrower's ECSI ID# (SS#): _____

I hereby give my voluntary, written consent for Trinity University and/or ECSI to release my educational records upon request to the persons listed below. (For purposes of this consent form, your educational record includes borrower account/memo information as it pertains to any and all Perkins and/or Institutional Loans in Trinity University's loan portfolio, serviced by ECSI.)

Furthermore, I understand this consent covers all loan information, remaining in effect until rescinded by me in writing.

Finally, I hereby release Trinity University and/or ECSI, its agents, employees and officers from any and all liability that may result from the release of records pursuant to this consent.

_____ _____
Borrower's Signature Date

PERSONS TO WHOM I AUTHORIZE DISCLOSURE: (PLEASE PRINT LEGIBLY)

#1 – AUTHORIZED PERSON'S NAME

_____
(Last, First, Middle)

_____ _____
Relationship to Borrower Authorized Person's Date of Birth and Last 4 digits of SS#
(Required for identity purposes)

#2 - AUTHORIZED PERSON'S NAME

_____
(Last, First, Middle)

_____ _____
Relationship to Borrower Authorized Person's Date of Birth and Last 4 digits of SS#
(Required for identity purposes)

#3 - AUTHORIZED PERSON'S NAME

_____
(Last, First, Middle)

_____ _____
Relationship to Borrower Authorized Person's Date of Birth and Last 4 digits of SS#
(Required for identity purposes)

IF YOU WISH TO LIST ADDITIONAL PERSONS, PLEASE WRITE THEIR INFORMATION ON THE BACK OF THIS FORM. **PLEASE RETURN TO: TRINITY UNIVERSITY, STUDENT ACCOUNTS AND LOANS, BUSINESS OFFICE, ONE TRINITY PLACE, SAN ANTONIO TX 78212-7200**

Rev. March 2004