

LETTER OF AUTHORIZATION

To Whom It May Concern:

I authorize the Boston University Student Loan Department to discuss my loan(s) with the individual(s) listed below.

Name(s) _____

Relationship to Borrower _____

Borrower Signature _____ **Date** _____

Printed Name _____

Account Number(s) _____

Phone # _____ **Email Address** _____

This authorization will remain in effect for the life of the loan, unless revoked in writing.

Please email this form to stuloana@bu.edu (if your last name begins with A-L) or stuloanm@bu.edu (if your last name begins with M-Z). You can also fax it to 617-353-2047 or mail it to BU Student Loan Accounting, 881 Commonwealth Ave., Lower Level, Boston, MA 02215.