



**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](http://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. (All fields must be completed to be processed)

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
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](mailto: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](mailto: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

**\*All signatures must be in ink. Electronic signatures will not be accepted**