

I, \_\_\_\_\_ (*insert employee's printed name*), hereby permit  
MRP- \_\_\_\_\_, (*insert Agency name and program*) to contact  
\_\_\_\_\_ (*insert name of loan institution(s)*),  
to obtain financial information concerning my student loan(s). I further understand that this  
release will grant the above named Agency and Program my permission to contact the above  
loan institution(s) for each year that I receive this benefit. I understand that the reason for  
such contact is to obtain financial information concerning my student loan(s) for the  
subsequent year(s) that the Agency will be making loan repayments to the above loan  
institution(s).

Employee's Signature

Date