RELEASE OF CONFIDENTIAL STUDENT FINANCIAL AID INFORMATION

In accordance with the Federal Trade Commission Standards for Safeguarding Information (16 C.F.R. Part 314) required by section 501(b) of the Graham-Leach-Bliley Act, the Vanderbilt University Medical Center Programs in Allied Health may release non-directory information or records concerning a borrower’s account **only upon the written consent of the borrower.**

Therefore, if you wish for the Vanderbilt University Medical Center Programs in Allied Health to discuss or release financial information concerning your financial aid with persons who are not co-signers on the promissory note, you must complete, sign, and return this Release of Confidential Student Loan Information form to our office.

**Borrower’s Authorization to Release Student Loan Information**

I, ___________________________ (please print), authorize the Vanderbilt University Medical Center Programs in Allied Health office to discuss or release information concerning my financial aid records to the following person(s) for the following purpose(s):

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<th>Relationship</th>
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I understand that this release will be in effect and honored until such time that I personally revoke this privilege. To revoke this privilege, I must notify the Programs in Allied Health office that the release of information may no longer be given to the party(ies) listed above.

OR

___ I do not want information release to anyone other than myself. (Please note that if you check this, your parents or spouse CANNOT get information on your loan if they contact us.)

____________________________    _______________________    ________________
Borrower’s Signature    Account Number      Date

**PLEASE RETURN TO:**
Vanderbilt UMC Programs in Allied Health
Financial Aid Office
TVC 802B
1301 21st Avenue S.
Nashville, TN 37232-5510