

# School Information Authorization

Use this form to authorize a school representative or third party servicer to receive information for the purpose of default prevention or delinquency management.

## School information:

School Name			
Report Recipient Name			
School Address			
City		State	
		Zip Code	
Recipient Phone			
Recipient E-mail			



**CornerStone**  
EDUCATION LOAN SERVICES  
by uheaa

Please return completed form to  
[campuscontact@mycornerstoneloan.org](mailto:campuscontact@mycornerstoneloan.org)

For questions please call  
**1-877-336-7397**

Please list the School Identification Numbers (OPE-IDs) and the names of all branches you would like included in this agreement. Please attach another document for additional schools.

School ID	School Name

## Third Party Servicer Information (if applicable):

Company Name			
Third Party Recipient Name			
Company Address			
City		State	
		Zip Code	
Recipient Phone			
Recipient E-mail			

I certify that I am authorized as my institution's contact in the Postsecondary Education Participant System (PEPS). I authorize CornerStone to share student loan information with the school representative or third party servicer indicated above for students that attended my institution.

**Signature**

**Print Name**

**Title**

**Date**
