

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the Financial Aid Office of California Western School of Law to obtain any information relating to the repayment of my education loans from any lender or loan servicing agency that may be in possession of such information. This information may include, but is limited to, my current status in the repayment of my loans, my payment history, and my outstanding balance and interest rate.

I understand that the information released to the Financial Aid Office of California Western School of Law is for purpose of determining eligibility for the Law School's Repayment Assistance Program.

Signature

Full Name (print or type)

Street Address

City, State, Zip Code

Social Security Number

Date of Signature