

Information Release Consent

I authorize Great Lakes and/or Northstar to release to, and discuss with, the representative named below all activity, correspondence and payment records in connection with my student loan(s).

(Please Print)

| | | | |
|---------------------------------|-------|--|--|
| REPRESENTATIVE'S NAME | | REPRESENTATIVE'S PHONE NO. () | |
| REPRESENTATIVE'S STREET ADDRESS | | | |
| CITY | STATE | ZIP | |

I understand that in signing this document I declare the representative named above to be authorized to represent me regarding my student loans(s) and that I am authorizing Great Lakes, and/or Northstar, and/or my representative(s) to communicate with him/her as with myself. This authorization is to continue until written revocation is given by me and received by Great Lakes/Northstar.

I further understand that a completed and signed copy of this document is as good as the original.

| | | | |
|---------------------------|---------------------------------|------------|----|
| BORROWER'S LAST NAME | | FIRST NAME | MI |
| BORROWER'S STREET ADDRESS | | | |
| CITY | STATE | ZIP | |
| TELEPHONE NO. () | SOCIAL SECURITY NO. — — | | |
| BORROWER'S SIGNATURE | DATE | | |

Please return this signed release form to:

Northstar THE Loan Programs
P.O. Box 64722
St. Paul, MN 55164-0722