

Nelnet Bank  
13907 S. Minuteman Dr.  
Ste. 250  
Draper, UT 84020

Monday through Friday 7:00 am - 8:00 pm CTA 833.325.0492 nelnetbank.com

Date: \_\_\_\_\_

Account Number or SSN: \_\_\_\_\_

Borrower's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Action Needed:** Please complete and return this Release of Authorization Form to authorize Nelnet Bank to release your account information to another party.

Thank you for your recent request to release your Nelnet Bank account information to a third party. In order for us to release this information, we must first receive your written permission. This authorization does not permit the third party to make any changes to your Nelnet Bank account.

Please complete the form below and return it to Nelnet Bank via fax (866.258.9233), email (loans@nelnetbank.com) your customer portal, or mail to:

Nelnet Bank  
P.O. Box 82552  
Lincoln, NE 68501-2552

This release of authorization does not affect your obligation to your loan(s), including the responsibility to continue making the required payments.

**I authorize Nelnet Bank to release written, including electronic, or verbal information related to my Nelnet Bank account(s) to:**

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

This person's relationship to me is \_\_\_\_\_ and his or her telephone number is \_\_\_\_\_

In order for Nelnet Bank to release information to the individuals you are authorizing, they will need to be able to provide us with Full Name, Account Number or Full Social Security Number, Address, and Phone Number.

By signing and returning this authorization to Nelnet Bank I agree to release and hold harmless, Nelnet Bank, my lender and any subsequent owner of my loan from any claims or causes of action or damages arising from, or connected to, the release or use of any information pursuant to this Release of Authorization. I agree that the execution and delivery of this authorization does not alert my obligation to repay my loans and that this authorization is effective until Nelnet Bank receives at its address above a written cancellation of this authorization signed by me.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_