



THIRD PARTY AUTHORIZATION

Please complete all of the following information.

(Your Name)

(Address)

(City, Province., Postal Code, Phone Number)

I, _____, give my _____
(Your Name) Relationship (e.g. Mother, Father, Wife, Husband)

_____, who can be contacted at
(Third Party's Name)

() _____, and () _____
(Daytime Telephone Number) (Evening Telephone Number)

permission to access all my personal and financial information with regards to my Prince

Edward Island Student Loan, Loan Number _____, held by EDULINX.
(Your loan number)

(Your Signature)

(Date Form Completed)

This authorization applies to all student loans administered by EDULINX on behalf of the Government of Prince Edward Island. Third Party Authorization is valid only if the form is completed in full and will be enforced until revoked by the student loan holder.

Please Mail or Fax request to:

EDULINX - PEI
P.O. Box 1008 Station "B"
Mississauga, ON L4Y 3W3

Fax: 1-877-560-1390

EDULINX – PEI
P.O. Box 1008 – Station "B" – Mississauga, Ontario – L4Y 3W3