



JOHN R. JUSTICE STUDENT LOAN REPAYMENT PROGRAM
CONSENT TO RELEASE OF INFORMATION
BANK OF NORTH DAKOTA
STUDENT LOAN SERVICES
SFN 59648 (12-2014)

Consent to Release of Information (to be completed by Applicant)			
Last Name	First Name	Middle Initial	
Street Address	City	State	ZIP Code
My signature authorizes the student loan lender listed below to provide loan information to Bank of North Dakota upon request.			
Signature of Applicant _____		Date (mm/dd/yyyy) _____	

Lender Name	Account Number		
Street Address	City	State	ZIP Code

Please make copies of this page if needed for multiple lenders.