**DSRIP Statewide Investment Student Loan Repayment Program**

AUTHORIZATION TO RELEASE INFORMATION

As an applicant to the DSRIP Statewide Investments Student Loan Repayment Program, managed by the Massachusetts League of Community Health Centers (MLCHC) and funded by the Massachusetts Executive Office of Health and Human Services.

     

Print Name – First Middle Last

Hereby authorize

Lending Institution

where I have an outstanding education loan balance to disclose information pertaining to my educational loans to the Massachusetts League of Community Health Centers. Information pertaining to my educational loans includes, but is not limited to, my outstanding “pay off” balance and whether I have defaulted on my payment obligation.

This authorization will take effect on the date that I sign this release form. If I become a participant in the DSRIP Statewide Investments Student Loan Repayment Program, this authorization shall remain in effect until the date my Loan Repayment Program obligation has been fulfilled.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

   -  -

Social Security Number