

Lender Release Form

Lender Name

Date

Lender Address

City, State, Zip

Lender Phone

Lender FAX

To Whom It May Concern:

For the sole purpose of providing Loan Repayment Assistance, I authorize release of all information regarding my loan to the United States Navy, Active Duty Health Professions Loan Repayment Program (ADHPLRP) Manager, located at the Bureau of Medicine and Surgery (BUMED) Detachment, 8955 Wood Road, Suite 13132, Bethesda, MD 20889-5628.

ADHPLRP Applicants Loan Number

ADHPLRP Applicant's Signature

ADHPLRP Print Applicant's Name

ADHPLRP Applicant's E-mail

Applicant's Daytime Phone

Applicant's FAX Number