

# Consent for Cosigner Removal on Student Loans

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Lender's Name]

[Lender's Address]

[City, State, Zip Code]

Dear [Lender's Name],

I, [Your Name], am writing to formally request the removal of [Cosigner's Name] as a cosigner on my student loan account [Account Number]. I have made timely payments and have fulfilled the eligibility requirements for this request.

By signing this letter, I consent to the release of the cosigner from any obligations related to my student loan. Please find attached any necessary documents that may assist in processing this request.

Thank you for your prompt attention to this matter. I look forward to your confirmation that [Cosigner's Name] has been released from their obligations.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]