

SALLIE MAE INTERNATIONAL INSTITUTIONAL UPDATE FORM

Institution Name: _____

Department of Education Code: _____

Institution Website: _____

Primary Financial Aid Contact	Alternate Contact ** (see below)
Name: _____	Name: _____
Title: _____	Title: _____
Mailing Address: _____ _____ _____	Mailing Address: _____ _____ _____
Telephone Number: _____	Telephone Number: _____
Fax Number: _____	Fax Number: _____
Email Address: _____	Email Address: _____

** If you wish, you may provide us with contact information for an alternate person at your institution. This may be a person you wish for us to contact when you are away from the office.

Please return this form to us using one of three methods:

Via Post	Via Fax	Via Email
Sallie Mae International 11100 USA Parkway, MC M589 Fishers, IN 46037 USA	(317) 806-0676	international@salliemae.com