



**AUTHORIZATION TO RELEASE INFORMATION TO A THIRD PARTY**

First Name

Last Name

Borrower's Name

Borrower's Account Number

Borrower's Phone Number cell: \_\_ or home: \_\_

**Please read and complete the following items:**

I authorize UHEAA to share personal, account-related information regarding my student loan(s) with:

**Please enter the Third-Party's current information below.**

First Name		Last Name	
<input type="text"/>		<input type="text"/>	
Street Address			
<input type="text"/>			
City	State	ZIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Country			
<input type="text"/>			
Phone	Relationship (check one)		
<input type="text"/>	<input type="checkbox"/> spouse <input type="checkbox"/> parent <input type="checkbox"/> relative <input type="checkbox"/> other		

I understand that I may withdraw this authorization at any time by contacting UHEAA. I will not hold UHEAA responsible for information shared with someone reasonably believed to be the person named above. I understand a signed and completed copy of this document is as good as the original.

I authorize UHEAA and its agents and contractors to contact me regarding my request on my loan(s), including repayment of my loan(s), at the number that I provide on this form or any future number that I provide for my cellular telephone or other wireless device using automated telephone dialing equipment or artificial or prerecorded voice or text messages.

Borrower's Signature

Date:

**Please return the completed form to UHEAA at the address, email address or fax number below.**