

Authorization to Release Information to a Third Party

Section 1: Individual Subject Information

Subject's Name:

Subject's Social Security Number: _____

Subject's Date of Birth: mm/dd/yy: _____

Section 2: Third Party's Information

Name(s) of individual(s) to whom the _____ is authorized to disclose information about the above-named subject:

Company name (if applicable) and address of individuals authorized to receive information about the above-named subject:

Section 3: Subject's Authorization for Release

I _____, hereby certify that I am the individual named above as the subject of these records. I understand that the knowing and willful request for, or acquisition of, a record pertaining to an individual under false pretenses is a criminal offense under the Privacy Act subject to a \$5000 fine. I hereby authorize _____ to disclose information in my records regarding my student aid obligations held by ED to the individual(s) named in Section 2 above.

Signature _____ Date: _____

Completed authorizations should be faxed to:
