



Texas Higher Education Coordinating Board
Student Financial Aid Programs
PO Box 12788, Austin, TX 78711-2788
Tel. 800-242-3062 Fax 512-427-6423
www.hhhloans.com

AUTHORIZATION FOR RELEASE OF INFORMATION TO A THIRD PARTY

Section 1: Individual Subject Information

Name: _____ I am the [] Borrower [] Cosigner

Social Security Number: _____ or Account Reference Number: _____

Account Type (Select):

CAL [] TASSP [] BOT [] HEAL [] HELP [] TFT [] SLS Stafford (or GSL) []

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: (____) _____ - _____ Work Phone #: (____) _____ - _____

E-Mail Address: _____

Section 2: Third Party's Information

Texas Higher Education Coordinating Board may disclose information about the above-named subject.

Table with 2 columns: Full Name, Relationship to the Above-Named Subject. Includes three rows for data entry.

Note: Authorization of a third party to obtain information does not give that party the authority to request modification of the loan(s) or the repayment terms of the loan(s). I understand that the knowing and willful request for or acquisition of a record pertaining to an individual under false pretences is a criminal offense under the Privacy Act. Information access is given only to the named third-party(ies) on this form, and only to the authorizer's portion of the account. Information relevant to any other party on the account cannot and will not be shared unless that party submits a separate authorization form.

Section 3: Subject's Authorization for Release

I, _____, certify that I am the individual named in Section 1 as the subject of these records. I authorize the Texas Higher Education Coordinating Board to release information regarding my college student loan account(s) specified in Section 1 to the individual(s) named above.

Signature: _____ Date: _____

Completed authorization forms may be faxed to 512-427-6423 or emailed to LPOSPRT@highered.texas.gov.

Please allow 24 hours before calling to confirm receipt of your fax.