



UTAH HIGHER EDUCATION ASSISTANCE AUTHORITY
AUTHORIZATION TO RELEASE INFORMATION TO A THIRD PARTY

<input type="text"/>	<input type="text"/>
Borrower's First Name	Borrower's Last Name
<input type="text"/>	<input type="text"/>
Borrower's Account Number	Borrower's Phone Number

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 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 the entity to which I submit this request (i.e., the school, the lender, the guaranty agency, the U.S. Department of Education, and their respective agents and contractors) to contact me regarding my request or 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 send the completed form to UHEAA at the address or fax number below.

UHEAA, PO BOX 145110, SALT LAKE CITY UT 84114-5110
FAX: (801) 366-8430