



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

Borrower's First Name

Borrower's Last Name

Borrower's Account 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="text"/> - <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.

Borrower's Signature

Date: / /

**Please send the completed form to UHEAA
at the address or fax number below.**

Utah Higher Education Assistance Authority PO Box 145110 Salt Lake City, UT 84114-5110	Fax: (801) 366-8430
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