Utah Higher Education Assistance Authority

AUTHORIZATION TO RELEASE INFORMATION TO A THIRD PARTY

_____
Borrower's Name

_____
Borrower's Account Number

Please read and complete the following items:

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

_____	_____	_____	_____
Last Name	First Name	MI	Relationship

_____
Street Address

_____
City, State, ZIP

(____) _____
Telephone

_____ _____
Borrower's Signature Date

THE SIGNATURE **MUST** BE THE BORROWER'S SIGNATURE.

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