

## AUTHORIZATION TO RELEASE NONPUBLIC INFORMATION

You may authorize the Georgia Student Finance Commission and/or the Georgia Student Finance Authority to disclose nonpublic information regarding your account to another individual or institution by providing written consent.

I, the undersigned, hereby authorize Georgia Student Finance Commission (GSFC) and/or Georgia Student Finance Authority (GSFA) to release any written or verbal information regarding my account to \_\_\_\_\_.  
Account information that may be released includes any information GSFC and or GSFA may have about any loans, grants, or scholarships that I may be eligible for or have applied for or been awarded, the status of any applications submitted for any loans, grants, or scholarships, and the amounts or balances of any loans, grants or scholarships.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_ Account Number \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_