

AUTHORIZATION TO RELEASE NONPUBLIC INFORMATION

You may authorize the Georgia Student Finance Commission (“GSFC”) and/or the Georgia Student Finance Authority (“GSFA”) to disclose nonpublic information regarding your account to another individual by providing written consent as set forth herein.

I, the undersigned, hereby authorize GSFC and/or GSFA to release, and discuss with, 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, balances, status, and other information of any loans, grants or scholarships I may have with GSFC and/or GSFA.

We solicit the information requested here in order to ensure that the records of individuals who are subject of GSFC and GSFA systems of records are not wrongfully disclosed by us. If you fail to furnish this information, we will take no action to honor your request.

I authorize GSFC and GSFA to honor this authorization unless and until I revoke it in a written notice, and we receive that notice. I understand that whenever requesting disclosure of information, the representative named here must submit information to verify his or her identity.

Name_____

Address_____

City_____State_____Zip Code _____

Social Security Number_____Account Number _____

Telephone_____

Signature_____Date _____