

AUTHORIZATION TO RELEASE NONPUBLIC INFORMATION

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

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, 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/Account Number _____

Telephone _____

Signature _____ Date _____

Fax 770.724.9249

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