

INFORMATION RELEASE PERSON AUTHORIZATION

Use this form to designate one or more individuals to receive verbal information about your GET Account as an Information Release Person. We will not share your Login or Password with this individual and this person may not make any changes to your account.

Current Account Information

Account Number _____

Account Owner _____ SSN or TIN _____

Student Beneficiary _____ SSN or TIN _____

Information Release Person Information

	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> Add	<input type="checkbox"/> Remove
Name (First, Middle, Last, Suffix)				
SSN or TIN				
Birth Date				
Street Address/Apartment Number				
Post Office Box Number				
City / State / Zip Code				
Email Address				
Phone Numbers (<i>Required</i>)				
	Home	Other (please specify)	Home	Other (please specify)

Account Owner's Signature - Required

Only the Account Owner may authorize changes to this account.

By signing this form, I hereby certify and acknowledge that the information in this form is true, complete and accurate. I authorize GET, its agents and affiliates to act on instructions in this form believed to be genuine and from me. I authorize these requested changes to my account.

Account Owner's Signature _____
Date