



**INFORMATION RELEASE PERSON AUTHORIZATION**

**Account Owner:** Please use this form to designate one or more individuals to receive verbal information about your account (information release person). We will not share your Login ID or password with this individual.

**Current Account Information**

Account Number \_\_\_\_\_

Account Owner \_\_\_\_\_

Name \_\_\_\_\_ SSN or TIN \_\_\_\_\_

Student Beneficiary \_\_\_\_\_

Name \_\_\_\_\_ SSN or TIN \_\_\_\_\_

**Information Release Person Information**

**1.**

**2.**

Add       Remove       Add       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	_____	_____
Telephone Number(s)	_____	_____
	Home      Work	Home      Work

**Account Owner's Signature - Required**

**Only the Account Owner may authorize changes to this account.**

*I certify under penalty of perjury that I am the legal Account Owner and I authorize the information release person(s) designated above to receive verbal information about this Guaranteed Education Tuition Program account.*

Account Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_